

Critical Incidents on the Front-Line: Occupational Health Considerations for Probation  
Officers

by

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## Abstract

Probation officers (PO) are considered part of the broader criminal justice system and are tasked with supervising offenders within a community setting. POs are guided by identified deliverables of maintaining public safety, fostering offender rehabilitation, and ensuring court ordered sanctions are enforced (Pitts, 2007). The organizational climate of probation work requires these goals be achieved within the confines of increasing workload and administrative demands, in conjunction with decreasing budgetary supports, coupled with a changing offender population who are regarded as increasingly more high-risk and multi-need (Gonzales, Schofield & Hart, 2005; Pitts, 2007). Probation work is considered a high-risk occupation (Gonzales et al., 2005; Parsonage & Bushey, 1987). POs are exposed to direct trauma (Gonzales et al., 2005; Linder & Bonn, 1996; Lindner & Koehler, 1992; Parsonage & Bushey, 1987; Rapp-Paglicci, 2004) and indirect trauma (Lewis, Lewis & Garby, 2013; Severson & Pettus-Davis, 2011) within their workplace. Exposure to such occupational hazards can result in negative psychological impacts for POs (Lewis et al., 2012; Parsonage & Bushey, 1987). Front-line occupations such as police and fire services, emergency response, military, and correctional work have been notably studied within the research in relation to the occupational health risks associated with their employment (McFarlane & Bryant, 2007; O'Donnell & Stephens, 2001), yet probation work remains under investigated. This lack of knowledge about the contextual realities of probation work is significant considering the potential psychological impacts of probation work as experienced by POs (Gayman & Bradley 2013; Lewis et al., 2013; O'Donnell & Stephens, 2001; Severson & Pettus-Davis, 2011). Through this research I focused on investigating mental health outcomes for POs who have been exposed to a workplace critical incident (CI). The

purpose of my study was to shed light on the phenomena of CIs and to better understand the numerous complexities associated with this phenomenon. The intersection of PO exposure to psychosocial occupational hazards and CIs and POs adaptations was investigated utilizing a grounded theory methodology.

Keywords: occupational health and safety, front-line worker, psychosocial hazard, probation officer, probation work, occupational critical incident, grounded theory, compassion fatigue, burnout, vicarious trauma, occupational trauma exposure, critical incident stress debrief, critical incident stress management

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## **CHAPTER ONE**

### **1.Introduction**

#### **1.1 Background to the Problem**

Probation officers (PO) within the province of Ontario are considered part of the broader criminal justice system and are tasked with supervising offenders within a community setting. Probation officers are guided by the identified deliverables of maintaining public safety, fostering offender rehabilitation, and ensuring court ordered sanctions are enforced (Pitts, 2007). The organizational climate of probation work requires these goals be achieved within the confines of increasing workload and caseload demands, in conjunction with decreasing budgetary supports, coupled with a changing offender population. This offender population is regarded as increasingly more high-risk and multi-need (Gonzales, Schofield & Hart, 2005; Pitts, 2007). Probation work is considered a high-risk occupation (Gonzales et al., 2005; Parsonage & Bushey, 1987) with many unique occupational characteristics. One element that makes probation work unique is that the offenders being supervised are considered involuntary, as compared to clients voluntarily seeking help from a therapist, yet POs are expected to actively engage offenders in behavioural change as part of their job description (Lewis, Lewis & Garby, 2013; Whitehead, 1985). Furthermore, POs are exposed to direct trauma, such as verbal or physical victimization (Gonzales et al., 2005; Linder & Bonn, 1996; Lindner & Koehler, 1992; Parsonage & Bushey, 1987; Rapp-Paglicci, 2004) and indirect trauma, such as exposure to second-hand traumatic incidents, occupational stress, or burnout (Lewis et al., 2013; Severson & Pettus-Davis, 2011) within their workplace. Exposure to such occupational

hazards can result in negative psychological impacts for POs (Lewis et al., 2013; Parsonage & Bushey, 1987).

Front-line occupations such as police and fire services, emergency response, military, and correctional work have been notably studied within the research in relation to occupational health risks (McFarlane & Bryant, 2007; O'Donnell & Stephens, 2001), yet probation work remains under investigated. There is a dearth of research and a lack of knowledge about the contextual realities of probation work, which is significant considering the potential psychological impacts of probation work as experienced by POs (Gayman & Bradley 2013; Lewis et al., 2013; O'Donnell & Stephens, 2001; Severson & Pettus-Davis, 2011). These impacts can include psychological strain (Lewis et al., 2013; O'Donnell & Stephens, 2001; Severson & Pettus-Davis, 2011; White, Gasperin, Nystrom, Ambrose & Esarey, 2005), emotional exhaustion (Gayman & Bradley, 2013; Whitehead, 1985; Whitehead & Lindquist, 1985), depersonalization (Whitehead, 1985), hypervigilance (Severson & Pettus-Davis, 2011), pervasive thoughts (Severson & Pettus-Davis, 2011), and work-related intrusion into personal lives (Severson & Pettus-Davis, 2011; White et al., 2005).

Through my research I focused on investigating the mental health outcomes for POs who experienced a workplace critical incident (CI). Mitchell (1983) defined a CI as an event occurring within an occupational setting that can overwhelm employees' established coping methods and Mitchell suggested employees impacted by CI exposures exhibit signs of considerable distress and impairment. Alexander and Klein (2001) defined a critical incident as "an incident that is sufficiently disturbing to overwhelm or threaten to overwhelm the individual's usual method of coping" (p. 76) and Harris,

Baloglu and Stacks (2002) refined this definition by including an “exposition to personal loss or injury, traumatic stimuli, mission failure, or human error” (p. 223) as inherent to a CI exposure. Researchers have found first responder populations experience high rates of CIs (Alexander & Klein, 2001; Brazil, 2017; Harris et al., 2002; Regehr, Goldberg & Hughes, 2002; Regehr, Hill, Goldberg & Hughes, 2003) and that more generally high-risk occupations are at increased risk for CIs (van der Ploeg, Dorresteyn & Kleber, 2003). Researchers have further advanced exposure to occupational CIs can result in psychological impairments in affected workers (Skogstad et al., 2013; Ward, Lombard & Gwebushe, 2006). Recognizing that probation work is a high-risk occupation, coupled with the potential of POs being exposed to CIs, I investigated the intersection of PO exposure to psychosocial hazards. Occupational psychosocial hazards can affect the psychological well-being of workers and I investigated how these exposures impacted the capacity of POs to cope with CIs. Probation officers are asked to do inherently difficult, and potentially dangerous work, with a challenging offender population, while being exposed to multiple psychosocial hazards, and the impact of this confluence of demands and exposures, in relation to their capacity to deal with occupational CIs to my knowledge, has never been investigated through current research.

Within Ontario POs are employed to supervise adult offenders placed on community supervision. Preventing worker injury and illness is an identified priority of the Government of Ontario’s Ministry of Labour (About the Ministry, 2017). The occupational health and safety (OHS) of probation workplaces is regulated by the Occupational Health and Safety Act, the Workplace Safety and Insurance Act, and the Human Rights Code. The Ministry of Labour *Safe At Work Ontario* program is the



government's compliance strategy in respect to these acts and the program is designed to, "...improve the health and safety culture of workplaces, reduce workplace injuries and illness, lessen the burden on the health care system, avoid costs for employers and the Workplace Safety and Insurance Board, and provide a level playing field for compliant companies" (About Safe at Work Ontario, 2015). Traditional OHS prevention strategies aim to identify workplace hazards and control for or eliminate identified hazards, locate occupational groups at increased risk for exposure to hazards, and increase education to improve the identification of hazards and their control (Sauter, Murphy, & Hurrell, 1990). As such, it is imperative to better understand the probation workplace as part of any comprehensive OHS strategy. Specifically, having researched the interrelational nature of POs and their workplace environment, located how exposures to CIs and psychosocial hazards impact POs, and investigated how organizational responses to CIs are viewed by POs, the findings associated with this research project can potentially serve to enhance existing OHS policies and procedures, with the added potential to create new, domain specific interventions best suited to ameliorate the needs of POs.

## **1.2 Purpose**

Currently there has been little or no empirical research addressing how POs cope with occupational CIs and how their ability to effectively manage post-CI may be influenced by their exposure to psychosocial hazards, and how POs perceive the effectiveness of organizational post-CI responses. Additionally, there is a lack of a theoretical understanding of what transpires immediately during and post-CI as experienced by POs. A grounded theory methodology, which provided a theoretical

understanding of the contextual themes associated with CIs exposures and delineated how PO experienced CIs and psychosocial hazards, was employed. The purpose of my study was to shed light on the phenomena of CIs within the probation context and to better understand the numerous complexities associated with this phenomenon.

### **1.3 Significance**

By developing an explanatory theory of CIs within the probation context, multiple enrichments of existing OHS policies and procedures can be achieved, namely: (1) increased worker well-being through more comprehensive OHS policies specific to probation work; (2) improved identification of workplace psychosocial hazards contributing to CIs as experienced by POs and subsequent enhancement of controls for such hazards; (3) application of post-incident organizational responses that have been informed by this research addressing the specific needs of POs; and (4) the creation of educational and training protocols to help POs better understand the impact of occupational psychosocial hazards and to identify the benefits of help-seeking.

### **1.4 Research Questions**

Through my research study I interviewed POs within the Province of Ontario, investigated their contextual experiences of CIs, identified psychosocial hazards experienced by POs, located adaptations employed by POs to manage posttraumatic reactions, and discussed organizational responses to CIs in order to develop a theoretical understanding of the phenomena under study. To guide my research I identified the following key research questions: (1) how do POs experience a CI; (2) what are the long term consequences and psychological impairments associated with CI exposure; (3) what are the adaptations employed by POs to manage posttraumatic reactions; (4) how does

exposure to psychosocial hazards influence POs' ability to cope with CIs; (5) what type of organizational responses would augment adaptations post-incident; and (6) what do POs believe should be part of a comprehensive critical incident stress management program.

### **1.5 Delimitations**

As previously noted within this chapter, although POs are employed within a high-risk occupation, the impacts of exposure to occupational hazards, specifically CIs, has not been researched to the same extent as in other high-risk occupational populations.

Engaging in an expansive study to quantify POs 'occupational experiences may provide general insight and understandings about probation work however such an approach would fail to provide a theoretical understanding of the contextual realities of the phenomena under investigation. As such, I chose to pursue a naturalistic study of POs, focused on providing a theoretical understanding of CIs as experienced by POs. As per Mason (2002), "qualitative research is characteristically exploratory, fluid and flexible, data-driven and context sensitive" (p. 24). Among these approaches, grounded theory (GT) fosters a context driven theoretical understanding of the phenomena, providing a relational understanding of the emergent themes and overarching CI process. Respondent numbers were relative to the amount of POs needed to reach saturation. Subsequently, eight POs were interviewed multiple times for the purpose of the research study. Mason (2002) advanced that sample size must be large enough to provide access to rich data and to provide a picture of what is going on within the context being studied. Mason (2002) continued the "key issue for qualitative sampling is therefore how to focus, strategically and meaningfully, rather than to represent" (p. 136). Thus, recruitment and interviewing of POs continued until a theoretical understanding was achieved. Ideally sampling would

have provided an approximate even distribution of respondents from both genders but the majority of the respondents were of the self-identified gender of female (seven) with one respondent identifying as male. My respondents were limited to POs employed within the Province of Ontario and did not include any POs from provinces outside of Ontario or federal parole officers via the Correctional Service of Canada. According to Statistics Canada (2016) Ontario is the most populous province within Canada with a population of over 13 million people and has a corresponding probation service of 120 probation offices with POs supervising approximately 55,000 offenders on community supervision (Correctional Services, n.d.). Comparatively, British Columbia has a population of approximately four and a half million and approximately 22,000 offenders (Probation Offices, n.d.). Researching POs within Ontario, versus other locals within Canada, provided a sample of respondents who not only supervised offenders from vastly different communities, such as densely populated urban centres to remote northern communities, but also respondents involved with the largest provincially based offender supervision infrastructure. There were no exclusion criteria in relation to years of service or age. Whitehead and Lindquist (1985) found that younger POs reported more psychological strain and depersonalization while more tenured officers had higher experiences of emotional exhaustion and depersonalization. Gayman and Bradley (2013) found job tenure contributed to feelings of burnout within POs. Accordingly, it was important to include respondents from various years of service and age to locate, if any, interrelations between these criteria and the phenomena. However, only POs currently working within the field were considered. Excluding retirees, POs on leave, and/or seconded to other positions from the study ensured POs that were interviewed were up-to-date on OHS

policies and procedures and had full access to all organizational support services. Finally, due to the vast geographical nature of Ontario, respondents were limited to those individuals who were willing to conduct interviews over the phone, and therefore in-person interviews were not conducted. Additionally, respondents were provided with a detailed explanation of the research project via a copy of the recruitment script (Appendix A), the consent form (Appendix B), copy of the semi-structured interview questions (Appendix C and D), the demographic questionnaire (Appendix E), in advance of the initial interview process for their consideration to ensure informed consent was achieved. Upon completion of the interview the respondents received a list of resources (Appendix F) should they have experienced any mental distress after the interview. When the respondents were contacted to review their interpretation of the grounded theory, they were given a copy of the provisional theory entitled: A Grounded Theory of Probation Officers Experiences of Occupational Hazards (*Figure 1*), with a brief overview of the theory prior to their telephone interview. Additionally, the respondents were offered the list of resources a second time.

The formation of the research project was greatly influenced by achieving an understanding of the history of occupational health and safety legislation within Canada, investigating occupational hazards associated with high risk occupations, and better understanding the realities of front line work. These concepts were fully explored through the process of reviewing topic based literature and research which is surmised within the following chapter.

## **CHAPTER TWO**

### **2. Literature Review**

#### **2.1 Introduction**

Interest in occupational health and safety (OHS) is not a recent phenomenon. Indeed, the investigation of workplace training, policies and practices, and their relationship with occupational environments has generated considerable research and debate (Way, 2012). Moreover, comprehensive OHS policies and procedures are paramount to the effective identification and control of occupational hazards. Burton (2010) with her work with the World Health Organization described a healthy workplace as “one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of workers and the sustainability of the workplace...” (p. 16). Central to an organization’s occupational health is the identification, prevention and control of workplace hazards. The Government of Ontario’s Ministry of Labour defines an occupational hazard as “a thing or situation with the potential to harm a worker” with the distinction that occupational hazards can be divided into two categories “safety hazards that cause accidents that physically injure workers and health hazards which result in the development of disease” (Workplace Hazards, n.d).

Probation work presents with numerous occupational hazards (Gayman & Bradley, 2013; Gonzales et al., 2005; Linder & Bonn, 1996; Lindner & Koehler, 1992; O’Donnell & Stephens, 2001; Parsonage & Bushey, 1987; Pitts, 2007; Rapp-Paglicci, 2004; Severson & Pettus-Davis, 2011; Simmons, Cochran & Blount, 1997; Whitehead & Lindquist, 1985). These occupational hazards are present due in part to various working environments that probation officers (PO) conduct their work from, the multi-need and often high-risk clientele

POs interact with, and more generally the traumatic materials and incidents POs read, view, or hear on a daily basis.

At any given time, POs across Ontario supervise approximately 55,000 offenders on community release (Correctional Services, n.d). Probation officers supervise a range of offenders, some of whom have been convicted of violent or sexual offenses. These workers do so while also meeting organizational case management demands. During the course of offender risk assessment, POs interview offenders about their family of origin, their prior experiences of neglect, abuse and victimization, their misuse of substances, past self-harming behaviours, current mental health status and offense history. Probation officers elicit information about the offender's offense cycle (i.e., behavioural pathway offenders utilize to commit offenses) to inform case management strategies. Probation officers also review police occurrence reports, victim impact statements, court transcripts, fire marshal reports, coroners' reports and other information sources to collect as much detail about the offender's victimology and offense cycle as possible.

Throughout the offender supervision period POs are mandated to actively engage with victims. Often, POs will receive phone calls from victims, fearing for their safety and wanting the PO to remedy their situation. Probation officers must identify community safety concerns, and in some cases contact authorities, to report suspected child welfare issues or new criminal activity committed by offenders. While many offenders are successful in meeting their release requirements while on community supervision, some offenders re-offend, self-harm, commit suicide, are victims of interpersonal or instrumental violence, have their children removed by child welfare agencies, or die from unnatural causes such as homicide, hypothermia, or overdosing during their course of community supervision.

Probation officers can also be subject to harassment perpetrated by current or past offenders, threats of assault and violence, and exposure to communicable diseases and verbal abuse. These contextual demands are part of POs' day-to-day experiences. Arguably, POs are exposed to workplace trauma due to the very nature of their occupation, which can result in mental health issues and psychological impairments. Consequently, probation work can present with numerous OHS issues that need to be considered and addressed to help promote workplace health.

## **2.2 Historical Context of Occupational Health and Safety**

Historically, workplaces were organized to foster productivity with little to no emphasis on worker safety. The relationship between healthy workers and output was not considered fundamental to organizational effectiveness or productivity (Barling & Griffiths, 2003). It was through reactionary labour movements to industrial disasters, increased scientific research in the area of OHS, legislative change, and an enhanced understanding of the organizational benefits associated with healthy workers that strengthening OHS policies become a tenet of managing occupational environments.

Traditionally, Canadian workers lacked substantive legal protection from exploitation, poor working conditions, and unsafe occupational practices. Key industrial sectors such as mining, agriculture, construction, and manufacturing were managed in the absence of worker safety legislation. It was not until the introduction of the *Factory Act* of 1884 that the first step towards occupational safety reform within Canada was taken. This Act was the first legislation to provide definitions of what constituted a vulnerable worker, identified as women and children within the Act, and placed restrictions on the number of hours worked. However, the Act was not meant to impede workplace production and it



clearly favoured the employer's position (History of Occupational Health & Safety Legislation in Ontario, n.d). Provisions within the Act failed to recognize the inherent roles of the employee and employer in hazard identification and prevention. Canadian workforces remained focused on the productivity and expansion of industries with minimal consideration given to OHS.

In 1886 the Ontario *Workmen's Compensation for Injuries Act* was enacted, becoming the first workers' compensation legislation in Canada. This Act established certain workplace safety standards, varied laws in relation to employer liability and codified the conditions under which a worker could pursue legal action against an employer for workplace injuries. With the OHS movement gaining momentum, the Government of Canada struck the Royal Commission on the Relations of Labour and Capital in 1887 to investigate working conditions of Canadian workers. The Commission concluded that workers across the country were victims of occupational injuries prompting the Commission to make several recommendations to improve the OHS of workers (Achieving Safer Workplaces in Canada, n.d.). However, the federal government failed to adopt these recommendations nationally, rather delegating OHS as a provincial responsibility.

Another seismic change in Canadian OHS practices occurred with the release of the Meredith Report in 1913 by the Royal Commission to study worker compensation. The Meredith Report outlined principles whereby workers relinquished their rights to sue their employer in exchange for compensation benefits. The principles included a no fault worker compensation system, the security of compensation payment, collective financial liability for the system by all employers, and administration of the compensation system by an independent agency (Workers' Compensation Law a Documentary History in Ontario, n.d.).

These principles strongly influenced the enactment of the *Workmen's Compensation Act* of 1914, which mandated the administration of the workers' compensation system to an independent agency named the Workmen's Compensation Board. Ultimately, the Meredith Report resulted in strengthening compensation legislation without particular influence on general OHS policies or practices.

It was not until the *Hoggs Hollow* disaster of 1960 that impactful changes were made to OHS within the Canadian context. On March 17, 1960 five Italian immigrant workers died of smoke inhalation while working 35 feet underground constructing a water main in the City of Toronto. This industrial disaster and subsequent public outcry spurred legislative changes culminating in the enactment of the *Industrial Safety Act* of 1964. With worker safety as its focus the Act defined safety as "freedom from injury to the body or freedom from damage to health" (Ontario Ministry of Labour, n.d.). Despite the enhanced focus on safety, the Act did not afford workers the right to participate in developing or enforcing occupational safety laws. The concept of an internal responsibility system, which is pivotal to modern day OHS legislation, was not a tenet of the Act consequently limiting the protection that was afforded workers. The Government of Ontario's Ministry of Labour defines an Internal Responsibility System (IRS) as a "... system, within an organization, where everyone has direct responsibility for health and safety as an essential part of his or her job" (The Internal Responsibility System, n.d). It was not until 1972 that the concept of an IRS was included in Canadian OHS legislation.

The Province of Saskatchewan passed the *Occupational Health Act* in 1972, which is considered to be the first legislation of its kind within North America. The Act set the framework for future legislation making OHS a joint responsibility of the employer and

employee. The Act further enshrined three important rights for workers: the right to know about hazards and dangers in the workplace; the right to participate in health and safety issues through a workplace committee; and the right to refuse unsafe work (Achieving Safer Workplaces in Canada, n.d.). Arguably, these newly entrenched worker rights contributed to the decision of Uranium miners within the small Northern Ontario town of Elliot Lake to strike in protest of unsafe work conditions.

The 1972 Uranium miners' wildcat strike focused on employee concerns regarding the high incidence of lung cancer and silicosis in the mining population. In response to the strike, and the lack of comprehensive OHS legislation within the province, the Ontario Government appointed a Royal Commission to investigate OHS within the mining industry. This Commission, chaired by Dr. James Ham, became known as the Ham Commission and resulted in a significant shift in the collective understanding of what constituted effective OHS policies. The Ham Commission report included more than 100 recommendations concerning mine health and safety, including the recommendation of the development of an IRS within workplaces. Further, the Commission advocated for the creation of joint employer-employee health and safety committees. The Ham Commission signified a turning point for worker protection and was the eventual impetus for the creation of modern day Joint Health & Safety Committees (JHSC).

Consequently, in 1978 the Government of Ontario enacted the *Occupational Health and Safety Act* (OHSA). This Act marked a shift from OHS being the sole responsibility of the employer to a collective employer-worker responsibility. Additionally, through an Act of Parliament in 1978, the Canadian Centre for Occupational Health and Safety (CCOHS) was created. CCOHS is mandated to promote the "...total well-being— physical, psychosocial and

mental health – of working Canadians by providing information, training, education, management systems and solutions that support health, safety and wellness programs” (About Us, n.d). Now workers had a legislated right to participate collectively with their employer towards achieving OHS. Specifically, OHSA afforded workers “the right to participate in occupational health and safety, the right to know about on-the-job hazards and the right to refuse work that they believed to be unsafe” (History of Occupational Health and Safety Legislation in Ontario, n.d). The OHSA remains the cornerstone legislation for OHS within the province of Ontario and the rights enshrined within the Act continue to serve as the foundation for current OHS policies, practices, and legislation across Canada.

### **2.3 Occupational Hazards**

Since the inception of modern-day Canadian OHS legislation, exposure to certain workplace hazards is recognized to carry the potential to cause harm to workers. The consequences for workers exposed to occupational hazards can vary from minor to critical injury. As such, legal requirements governing exposure to various safety hazards can be found in sector-specific regulations under OHSA, while other hazardous work environments are governed by their own regulations, such as working in confined spaces or working at height. The OHSA identifies a three-step process for addressing workplace hazards being; (1) the identification of workplace hazards; (2) the assessment of workplace hazards; and (3) the control of workplace hazards (*Occupational Health and Safety Act, 1990*, (Can) Sect. 27, 28, 31, 32). Generally, workplace hazards are controlled through the use of protective personal equipment, workplace design and engineering, hazardous material identification, workplace hygiene, storage and handling polices, and compliance with legislation. OHS policies and procedures aim to manage occupational environments to control for and mediate the risk of

workplace hazards. Changing occupational environments, reflecting the outcomes of technological and engineering advancements, directly influence the types of hazards found within these environments. When hazard controls fail, workers are at risk of experiencing an occupational injury or illness. Within the *Occupational Health and Safety Act* (1990) an occupational illness is defined as:

A condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected and the health of the worker is impaired thereby and includes an occupational disease for which a worker is entitled to benefits under the Workplace Safety and Insurance Act, 1997 (Sect. 1).

Thus, an occupational illness is a health problem directly caused by exposure to a workplace hazard. Historically, occupational illnesses were understood as the direct result of employee interaction with the occupational environment and factors such as the slow onset of an illness, accumulative strain or repetition injuries, or latency of disease were not readily considered. As knowledge of occupational illnesses evolved, so did protections for the worker. Because occupational illnesses have the potential to cause serious harm, protection for stricken workers was guaranteed through the enactment of the *Workplace Safety and Insurance Act* of 1997 (WSIA). This Act codified definitions of what constituted an occupational illness and provided parameters in relation to compensation for workplace injuries.

## 2.4 Occupational Health Promotion

The primary purpose of the WSIA is to promote health and safety in workplaces and to “facilitate the return to work and recovery of workers who sustain personal injury arising out of and in the course of employment or who suffer from an occupational disease”( *Workplace Safety and Insurance Act, 1997*, Part 1, Sect. 2). Further, the Act provides “...compensation and other benefits to workers and to the survivors of deceased workers” (Part 1, Sect. 4) who were impacted by an occupational illness. The WSIA defines an occupational disease as:

A disease resulting from exposure to a substance relating to a particular process, trade or occupation in an industry; a disease peculiar to or characteristic of a particular industrial process, trade or occupation; a medical condition that in the opinion of the Board requires a worker to be removed either temporarily or permanently from exposure to a substance because the condition may be a precursor to an occupational disease. (Part 2)

This definition focuses primarily on workers experiencing an exposure to a tangible hazard via their occupational environment, which is subsequently deemed detrimental to their health. However, the Act also considers exposures to other forms of workplace hazards, namely psychosocial hazards, which can negatively impact a worker’s health. This recognition of the relationship between exposure to psychosocial hazards and an employee’s health represents significant progress in understanding the full impact of occupational environments on workers’ health.

## **2.5 Psychosocial Hazards**

Psychosocial hazards are defined in terms of interactions workers experience between their work environment, organizational conditions, in consideration of their abilities, needs, culture that may influence their health, performance, and satisfaction with their employment status (International Labour Organization: Workplace Stress a Collective Challenge, 2016). This definition emphasizes the dynamic interaction between workers and their environment and how these continued interactions impact not only the physical health of the worker but also their psychological health. Leka, Griffiths, and Cox (2003) reported in their work with the World Health Organization that “ in extreme cases long-term stress or traumatic events at work may lead to psychological problems and be conducive to psychiatric disorders, resulting in absence from work and preventing the worker from being able to work again” (p. 8). The relationship between exposure to a toxin in the workplace and the resulting occupational illness can quite often be linear; however, causal relationships between exposure to a psychosocial hazard and occupational illness can more often be circuitous and difficult to delineate. Employees are a product of their past life experiences, combined with current occupational experiences, mediated by their adaptability and levels of received social and organizational support. Not every employee is afflicted by an occupational illness as a result of exposure to psychosocial hazards. However, it remains imperative for employers to effectively attenuate the impact of psychosocial hazards as a means to reduce the potential for negative health impacts on their workers.

The creation of occupational strategies to address psychosocial hazards with Canadian workplaces has been championed by numerous agencies, including the Mental Health Commission of Canada (MHCC). Following a 2006 Senate Standing Committee on

Social Affairs, Science, and Technology recommendation the MHCC, funded by Health Canada, was created with the mandate to create Canada's first national mental health strategy. In 2013 the MHCC launched the National Standard of Canada for occupational psychological health and safety, which is described as "a set of voluntary guidelines, tools and resources intended to guide organizations in promoting mental health and preventing psychological harm at work" (National Standard, 2017). The MHCC's position promotes creating psychologically healthy workplaces indicating such workplaces "benefits Canadian workers and helps their families and communities. Creating a systematic and sustainable approach for psychological health and safety, similar in spirit to how physical health and safety is managed, is also becoming a business imperative" (National Standard, 2017). Inherent to the MHCC's position on psychologically healthy workplaces is the confluence of enhanced psychological outcomes for workers and advantageous outcomes for businesses through the adoption of proactive occupational health and safety policies. This linking of psychologically healthy workplaces with sustainability and enhanced outcomes for workers is also present within the WHO's definition of healthy workplaces. The WHO characterizes a healthy workplace as "one in which workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace..." (Five Keys to Healthy Workplaces, n.d). The Canadian Mental Health Association defines a psychologically healthy workplace as one that "does not permit harm to employee mental health in careless, negligent, reckless or intentional ways" (Workplace Mental Health Promotion, n.d). Thus, within Canada and globally, the strategic goal of ensuring OHS policies and procedures incorporate protections



to foster psychologically healthy workplaces has encouraged governments to consider the costs associated with inaction or the failure to create such occupational environments.

It is recognized that the financial and human costs associated with psychosocial hazards can be great. Way (2012), in her work with the Safety Institute of Australia, suggested “psychosocial hazards can have a negative impact on worker behaviours, on organizational outcomes such as engagement, absenteeism, turnover and productivity, and on team cohesion and team performance” (p. 1). In their discussion of psychosocial hazards the International Labour Organization (ILO) reported, “a negative interaction between occupational conditions and human factors may lead to emotional disturbances, behavioural problems, biochemical and neuro-hormonal changes, presenting added risks of mental or physical illness” (International Labour Organization: Workplace Stress a Collective Challenge, 2016). The ILO further argued if “health at work is threatened; there is no basis for productive employment and socio-economic development. The burden of mental ill-health is highly relevant to the world of work” (International Labour Organization: Workplace Stress a Collective Challenge, 2016). Specific to Canada, the annual societal cost “of work-related stress and stress-related illness was estimated to be \$2.75 billion for a low prevalence of stress and \$8.25 billion for higher estimated prevalence (European Agency for Safety and Health at Work, 2014, p.11). The MHCC (2010) submitted:

Between \$2.97 billion and \$11 billion could be saved every year in Canada if mental injuries to employees attributable in whole or in part to negligent, reckless and intentional acts and omissions of employers, their agents and fellow employees were to be prevented (p.2).

One might conclude it behoves employers to not only work collaboratively with employees in hazard identification and control, but also to enlist proactive measures to foster psychologically healthy workplaces.

## **2.6 Occupational Violence**

One element of psychologically healthy workplaces is the control of psychosocial hazards via exposures to workplace violence and harassment. In recognizing the importance of mitigating or eliminating workplace violence and harassment the Ontario Legislature passed an amendment to the OHSA to help protect workers against such hazards. With what was known as Bill 168, employers were legislated to take measures to assess for and control identified risks within the workplace that could result in workplace violence or harassment. Specifically, sections 32.0.1 through sections 32.0.8 of the OHSA prescribe the duties of the employer in relation to workplace violence and harassment. This amendment brought attention to the potential for violence within workplaces, and included provisions to manage the risk of domestic violence being perpetrated within the workplace. Further, this amendment underlined the responsibilities of the employer and employees, through their shared commitment to an IRS system, to control for such psychosocial and/or physical hazards. Thus, Bill 168 clearly identified exposure to workplace violence and harassment as an occupational hazard, and one that must be appropriately assessed and controlled for. Implicit to this understanding was the importance of fostering a psychologically healthy workplace through augmenting existing OHS policies and procedures, thereby acknowledging the institutional benefits of eliminating such hazards.

As per the OHSA, considerations such as the nature of the workplace, the type of work being done, and the conditions of the work are all factors to be evaluated by the employer when drafting a workplace violence assessment (Workplace Violence, n.d.). The nature of the workplace refers to the physical aspects of the workplace and addresses such safety measures as appropriate lighting, lines of site, entrances and exits, and control of objects found within the workplace that could be used to harm others. The type of work focuses on the activities that workers perform, such as completing monetary transactions, the sector of work employees are engaged in, as certain sectors have more exposure to workplace violence, and the people with whom the workers come into contact, such as front-line customers, clients, patients, or offenders. Finally, the conditions of work refer to such aspects as hours worked, the surrounding neighbourhood of the occupational site, and how workers move from one location to another, if they work alone or in isolation (Workplace Violence, n.d.). A bedrock of the OHSA is the emphasis on the relationship between workplace specific dynamics, such as nature, type or conditions of work, and the likelihood of exposure to workplace violence. Individual workplace OHS policies and procedures, stemming from compliance with the Act, further delineate and identify inherent vulnerabilities in certain occupational sectors. Exposure to psychosocial hazards is not identical across occupations and increased exposures to such hazards are inherent in many high-risk occupational fields, thereby leaving certain workers at increased risk for developing psychological impairments as a result of these exposures.

Researchers have suggested that certain occupations are at particularly elevated risk to exposure to violence, and more generally psychosocial hazards. As evidenced in Hogg and Viitasara's 2005 review of nonfatal workplace violence, "...the risk of staff exposure to

violence at work is especially high in service and human service jobs and violence is often the result of an interaction of individual, situational, and structural factors” (p. 291). As part of the employer’s legislated requirement to appropriately assess workplaces for violence and harassment, knowledge of what occupational environments or situations that may place workers at greater risk for exposures would be critical information for this assessment process. McFarlane and Bryant (2007) submitted, “while every workplace is at risk of unpredictable catastrophic disasters and accidents, there are several occupations that have a predictable and foreseeable risk of being exposed to threat, horrific injury and death” (p. 404). The authors identified occupational fields such as the military, emergency services, and acute medical services, among others, as having been most notably researched for risks of workplace violence (McFarlane & Bryant, 2007). Budd (2001) suggested in her analysis of the findings from the British Crime Survey that certain occupational groups were at elevated risk for workplace violence and she found that workers in occupations providing protective services, front-line service provision, and who dealt most directly with clients, were at above average risk for violence.

The United States Department of Labour (USDOL) identified homicide as the third leading cause of fatal occupational injury within the United States (Workplace Violence, n.d). The USDOL located many of the same occupational risk factors for workplace violence, as found within the work of Budd (2001), such as occupational groups with a high degree of contact with the public, working with unstable or volatile individuals via front-line service provision, and working in community based settings (Workplace Violence, n.d). Accordingly, when employers consider the nature of the workplace, the type of work being done, and the conditions of the work it is possible to identify some of the occupational

markers for violence, specific to the sector being considered. Exposure to workplace violence can have numerous implications for workers resulting in physical trauma and injury to long-lasting psychological impairments. Moving beyond exposures to workplace violence, certain occupational sectors have higher incidents of exposures to traumatic events, or referred to in the literature as critical incidents (CI), which can also result in lasting psychological repercussions for workers.

## **2.7 Occupational Critical Incidents**

Jeffery T. Mitchell (1983) first operationalized the term critical incident in his seminal research of critical incident stress debriefing (CISD). The author defined a critical incident (CI) as “any situation faced by emergency personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function either at the scene or later” (p. 36). More recently, Alexander and Klein (2001), through their research of ambulance personnel, defined a critical incident as “an incident that is sufficiently disturbing to overwhelm or threaten to overwhelm the individual’s usual method of coping” (p. 76). The authors found 82% of their respondents had experienced a CI in the previous six months (Alexander & Klein, 2001). Harris et al. (2002), through their research of trauma-exposed firefighters, defined a CI as an “exposition to personal loss or injury, traumatic stimuli, mission failure, or human error” (p. 223). The authors’ submitted that exposures to CIs could overwhelm firefighters’ normal abilities to cope with workplace stressors (Harris et al., 2002). Brazil (2017) studied volunteer firefighters from across Prince Edward County and she found that 85.3% of respondents reported being exposed to a CI within the past two years and of that responding group, 18.6% reported having experienced seven or more CIs. Regehr et al. (2002) researched trauma exposure in ambulance

paramedics and they found their entire sample of 86 paramedics reported exposure to a CI at least once during the course of their career. Regehr et al. (2003) undertook a Canadian study of 264 first responders and found 83% of respondents indicated they had been exposed to a CI in the line of duty. van der Ploeg et al. (2003) examined forensic health professionals and reported, “workers in so called medium or high-risk professions, such as police officers, firefighters, and bank employees, are often confronted with critical incidents” (p. 157). The authors also discovered that 75.0% of their respondents experienced one or more CIs in the last five years (van der Ploeg et al., 2003). Ward et al. (2006) researched emergency services personnel in South Africa and submitted “it is clear from our findings that symptoms of anxiety, depression, and posttraumatic stress disorder and experience of both physical and psychological aggression increase, without leveling off, as exposure to critical incidents increases...” (p.229). The authors concluded, “...the high rates of exposure to critical incidents and of mental health and behavioral problems should be of concern to service organizations...” (p. 230) and they advocated that employers need to provide appropriate interventions to combat the repercussions associated with CI exposure. As suggested by the research, CI exposure can be a recurring element of many human service occupations with much of the research having focused on CIs as experienced by first responders. Very little research has been conducted on investigating CIs as experienced by POs, even though probation work has many of the hallmarks of a high-risk occupation. Probation work entails front-line service provision with an unpredictable population, with continued direct offender contact, which is conducted both in urban, rural, and remote community settings. Employers need to anticipate that CI exposure can adversely affect POs and accordingly, employers

must have strategies in place to buffer the impacts of CI exposure, particularly the negative psychological outcomes in some probation staff.

## **2.8 Posttraumatic Stress Disorder**

One of the most studied psychological outcomes associated with CI exposure is Posttraumatic Stress Disorder (PTSD). PTSD is a disabling and persistent condition that leads to impairment of social and psychological functioning. The WHO defines PTSD “as a delayed or protracted response to a stressful event or situation (of either brief or long duration) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone” (International Statistical Classification of Diseases and Related Health Problems, 2016). PTSD consists of four symptom clusters, namely hyperarousal, persistent re-experiencing of the trauma, avoidance of trauma-related stimuli and negative changes in mood (Weston, 2014). The WHO (2016) describes symptoms of PTSD as “episodes of repeated reliving of the trauma in intrusive memories (flashbacks), dreams or nightmares, occurring against the persisting background of a sense of “numbness” and emotional blunting, detachment from other people, unresponsiveness to surroundings, anhedonia, and avoidance of activities and situations reminiscent of the trauma” (International Statistical Classification of Diseases and Related Health Problems, para F43.1). Skogstad et al. (2013) reported the risk of developing PTSD following a CI is dependent on many variables, including the individual’s personality and life history, the general nature of the CI they experienced, and the events that follow a CI exposure. In their systematic literature review on work-related PTSD the authors found certain occupational fields, such as first responders, health care professionals, military personnel, journalists in

war zones, and bank employees exposed to an armed robbery, were all at increased risk for the development of PTSD (Skogstad et al., 2013). There has been no systematic investigation of the work of probation officers, exposures to CIs, and the likelihood of their development of PTSD compared to the significant number of studies focused on other high-risk occupations and work-related PTSD. Unfortunately, there is a dearth of knowledge and research on probation work and CI exposure. This notable gap in the literature has resulted in a lack of understanding how POs experience CIs, the consequences of CI exposures, what adaptations POs employ to combat the impacts of CI exposures, and what organizational supports are most effective in creating a psychologically healthy workplace in such a high-risk occupational field.

Although current research identifies a relationship between certain occupational sectors, frequency/type of exposure to CIs, and the risk of psychological harm, this relationship has not always been recognized. In Gersons and Carlier (1992) study of the history of PTSD, the authors found psychological impairment resulting from military service was not a new concept, rather one that was described in varying ways, with complex symptoms that ultimately resulted in some military personnel being deemed “mentally unfit” for continued service. Soldiers returning home from the battlefields of World War I were often described as being “shell-shocked”, suffering from “combat neurosis”, or the “irritable heart of the soldier” (Gersons & Carlier, 1992). Returning soldiers’ symptoms were often ignored or unspoken and “some doctors claimed the cause lay in micro-sections of exploded bombs having entered their brain (which is where the term shell-shock comes from)” (Gersons & Carlier, 1992, p. 744). The manifestation of PTSD as a result of soldiers’ wartime service was not readily understood and soldiers suffering from shell-shock were



often confined to psychiatric institutions where the origin of their symptoms was not considered unique from other patients.

During World War II the shell-shock diagnosis applied to mentally unwell soldiers was replaced with a diagnosis of Combat Stress Reaction, also known as “battle fatigue.” Due to long surges against the enemy, soldiers experienced prolonged periods of battle and research suggested half of World War II military discharges were the result of combat exhaustion (PTSD: National Centre for PTSD, n.d.). Friedman (1981) described the maladjustment of returning American soldiers from their service in Vietnam as Post-Vietnam syndrome and ultimately this syndrome gained attention due to its pronounced casualty rate of 20% to 60% among returning Vietnam veterans. However, it was not until 1980 that the American Psychiatric Association added PTSD to the third edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-III). In the initial DSM-III classification a traumatic event was “conceptualized as a catastrophic stressor that was outside the range of usual human experience” (PTSD Basics, n.d.). The inclusion of PTSD within the DSM-III represented a significant shift in the understanding of PTSD, specifically that this illness was linked to a traumatic event experienced by the individual rather than the individual having an inherent or unique psychological weakness, which resulted in their subsequent psychological impairment. This inclusion was viewed as recognition of the psychological impairments experienced by many military veterans and was a first step in removing the stigma associated with post-service psychological issues. The locating of experienced trauma outside the body, and subsequent internal manifestations of disease, speaks to the importance of environmental and situational considerations when researching the pathology of PTSD. Thus, it was

imperative to fully understand how CIs were experienced, and situated within the probation workplace considering CI exposures can result in the development of PTSD for certain workers.

The study of PTSD as an outcome of occupational environment emerged from research on returning military personnel; however, researchers have also found higher prevalence rates of PTSD in police, firefighters, ambulance personnel (Benedek, Fullerton & Ursano, 2007; Corneil, Beaton, Murphy, Johnson & Pike, 1999; Marmar et al., 2006; Meyer et al., 2012; Skogstad et al., 2013) and correctional officers (Spinaris, Denhof & Kellaway, 2012) compared to the general public. It is foreseeable that workers within certain high-risk occupational fields are at elevated risk for the development of PTSD due to exposure to workplace trauma and CIs. Predominately, the research of PTSD as an occupational hazard has focused on the study of first responders and military personnel; however, momentum has increased for the research of other high-risk occupational fields, exposures to CIs, and the potential for the development of PTSD. Ennis and Horne (2004) researched the types of trauma clinicians experienced when working with sexual offenders. The authors found clinicians experienced disruptions in affect regulation and expression, interpersonal relationships, and sexuality, in addition to symptoms of psychological trauma, such as nightmares and intrusive imagery. Lewis et al. (2013) noted POs are exposed to trauma through reading police reports, victim statements and while listening to offenders' social histories. Severson and Pettus-Davis (2011) found in their research of American parole officers supervising sexual offenders, that parole officers reported having "thoughts, attitudes, and behaviors consistent with the symptoms of secondary trauma" (p. 6). Although POs are exposed to workplace trauma, stressors, and CIs, they have been largely omitted

from the PTSD discourse. The potential reasons POs have been omitted range from a lack of understanding of probation work by researchers, lawmakers and elected officials, an absence of advocacy on the part of professional associations representing the needs of POs, or the low profile POs' experience within the broader community.

## **2.9 Risks Associated with Probation Work**

Lewis et al. (2013) applied multiple survey instruments to a combination of 309 POs, supervisors, and probation administrators recruited from five probation departments across the United States of America (USA). Additionally, the authors had the respondents identify external caseload events they had experienced from a list of such events compiled by the researchers in an attempt to investigate PO victimization and the negative impacts associated with probation work. Lewis et al. (2013) found POs who supervise offenders that commit a violent or sexual re-offense during their period of supervision or who directly experience assaults or threats in the line of duty have increased rates of traumatic stress and burnout compared to POs who do not experience these events. Severson and Pettus-Davis (2011) recruited 49 parole officers and supervisors from one Midwestern state within the USA who then participated in focus groups. The authors interviewed the respondents in respect to their experiences having supervised sexual offenders as well as their departmental training and policies. Severson and Pettus-Davis (2011) found parole officers' experienced "...personal emotional reactions to their work, which are consistent with the symptoms of secondary trauma" (p. 12). Further, the authors discovered study participants reported a variety of impacts of trauma in their life including "...somatic reactions, disrupted sex lives, pervasive thoughts, a loss of innocence, and hypervigilance in both their work and personal lives" (Severson & Pettus-Davis, 2011, p. 12). The authors concluded parole officers are likely to

experience trauma as a result of their work, they identified poor organizational supports in response to help seeking, and that parole officers typically employ numerous coping strategies in response to their trauma exposure (Severson & Pettus-Davis, 2011). Parsonage and Bushey (1987) identified, through their survey of probation and parole staff in the USA, that the victimization of probation and parole staff is often underreported or misunderstood, in part due to the lack of accurate recording keeping, failure of workers to report incidents, and inconsistent definitions of what constitutes a victimizing event. The authors noted that although these incidents maybe be difficult to collate, it is often not one “terrible incident” that results in detrimental consequences for probation and parole officers, rather “the more difficult to identify, but also anxiety producing, are the series of uncontrollable, unpleasant incidents” which can result in “the worker showing the chronic symptoms similar to those of crime victims” (p. 374). The authors found 38% of respondents experienced a victimizing event during their career, with 34% reporting negative outcomes associated with these incidents, such as fear on the job, a reduction in the trust of offenders, a decrease in sensitivity towards offenders, a lack of self-confidence, disruptions in their personal and family life, and many respondents admitted they considered quitting their jobs or engaged in avoidance tactics to address these negative psychological outcomes (Parsonage & Bushey, 1987). My research focused on expanding these findings by examining the process of CI exposure as experienced by POs, the psychological impairments associated with such exposures, the role of organizational responses post-CI, and the adaptations employed by POs to cope with trauma.

The concept of occupational specific vulnerabilities was a fundamental building block of the Ontario Government’s most recent OHS legislation, the *Supporting Ontario’s First*

*Responders Act*. This Act, known as Bill 163, received Royal Assent by the Ontario Legislature on April 6, 2016. This Act amended the *Safety and Insurance Act* of 1997 and the *Ministry of Labour Act* in respect to compensation for certain workers who have been exposed to workplace psychosocial hazards resulting specifically in a diagnosis of PTSD. Bill 163 entitles first responders, managers of first responders, correctional workers, and dispatch workers to receive benefits when certain conditions are met. For the first time PTSD was considered an occupational hazard for identified workers within Ontario. The Act contains presumptive wording that PTSD arises out of the workplace, thereby recognizing the contextual contributors to PTSD inherent in specific occupations. Further, the Act allows the Minister of Labour to gather information relating to the prevention of PTSD in certain workplaces. Bill 163 ascribes the Minister of Labour the responsibility to work towards preventing PTSD as a workplace illness, beyond what is already enshrined within the OHSA. This information gathering process and focus on prevention reaffirms the protection of identified worker categories of Bill 163. Arguably, this legislation fails to recognize the impact of trauma exposure on POs by omitting their profession as one of the identified occupations protected under the Act. Under this legislation the impact of CI exposure as it relates to probation work is negated and fails to provide any legal requirement for compensation should POs acquire a diagnosis of PTSD due to workplace psychosocial hazard exposure. Additionally, this omission underlines the lack of recognition of probation work as a high-risk occupation for the development of PTSD, which in turn decreases the impetus to create comprehensive OHS policies and practices to mitigate psychosocial hazards within the probation workplace. As will be further explored within the results and discussion chapter, the respondents of this current study reported experiencing two of the

four symptom clusters associated with PTSD post-CI, being avoidance and hypervigilance, which suggests more research is needed to better understand the posttraumatic experiences of probation officers.

Probation officers are routinely exposed to personal traumas in their work with offenders, the materials they view or read, and the victims they interact with. Further, POs are expected to create safe, therapeutic environments for offenders to help foster their growth and their motivation for identified goals. Probation officers often engage in therapeutic relationships with offenders, moving far beyond a simple enforcement of court orders. This localization of the role of POs as therapist and change agent, transitioning from solely enforcement officers, has resulted in POs engaging in duties that were formerly reserved for professionals within the therapeutic community. Kita (2015) identified this role conflict in her study of parole officers' perceptions of their work, and noted "the fundamental duality within the role of the parole agents manifests in peculiar ways, and agents often must provide supportive services to the same person from whom they are supposed to be protecting the public" (p. 3). My research questions aimed to investigate what were the types of trauma exposures in the workplace beyond specific CIs that POs experience due to this occupational transition. This shift has exposed POs to occupational hazards such as vicarious trauma, secondary traumatic stress, compassion fatigue and burnout, in addition to exposures to CIs. The manner in which these elements intersect has not been investigated.

## **2.10 Vicarious Trauma**

Concepts such as vicarious trauma (VT), secondary traumatic stress (STS), and compassion fatigue (CF) are used to describe the psychological consequences for frontline workers engaging with clients who have suffered traumatic experiences. Alternatively,

burnout describes the common symptoms experienced by frontline workers who routinely engage with any difficult client group and is not limited to working with clients who have experienced trauma. McCann and Pearlman (1990) first conceptualized VT in relation to therapists working with clients who had experienced lifetime traumas and characterized it as the cumulative transformation of the therapist's cognitive beliefs resulting from engagement with clients' traumatic experiences. As advanced by Pearlman and Saakvitne (1995), VT can result in "significant disruptions in one's sense of meaning, connection, identity, and world view, as well as in one's tolerance, psychological needs, beliefs about self and other, interpersonal relationships, and sensory memory" (p. 151). The impact of VT ripples beyond the individual client-relationship to other relationships the therapist engages in via their own personal and professional lives. In his discussion of the vicarious traumatization of counselors Sexton (1999) characterized exposure to VT as an occupational hazard and noted:

It may be one day organizations will be subject to compensation claims or litigation by employees claiming psychological injury at work due to vicarious traumatization, particularly in circumstances where an organization has not initiated preventive structures and strategies to reduce the likelihood of vicarious traumatization and to ameliorate its effects. (p.397)

Sexton (1999) submitted that professionals listening or being exposed to reports of trauma, horror, human cruelty, and extreme loss can become overwhelmed and "they may begin to experience similar trauma symptoms, such as intrusive thoughts, nightmares and avoidance, as well as changes in their relationships with the wider community, their colleagues, and their families" (p. 393). McCann and Pearlman (1990) submitted that working as a therapist resulted in exposures to human cruelty as experienced and reiterated by victims which, "as a

result, therapists may become suspicious of other's people's motives, more cynical, or distrustful" (p. 138) Traditionally, VT research has focused primarily on the traumatization of crisis workers (i.e., first responders, rescue workers, disaster response teams, therapists) however, it is now recognized there are many high-risk occupations where workers are exposed to VT on a regular basis. Although POs are routinely exposed to VT via their work with offenders and victims there has been little discussion in the literature on the prevalence of VT in the context of probation work.

A unifying characteristic of high-risk occupational fields exposed to VT is the multitude of psychological and personal outcomes for the therapist, counselor, or social worker as a result of the work they do with their clients. Cornille and Meyers (1999) researched child protective service workers and found these workers were directly exposed to the experienced trauma of the children they work with, that over 78% reported having experienced trauma during their employment, and respondents reported experiencing a level of distress that was above that of the general population. Farrenkopt (1992) studied mental health therapists working with criminal clients and sexual offenders. The author found that almost half of the respondents reported a hardening or dulling of emotions, that over half of the respondents reported a shift in their perspective, including becoming more pessimistic about the prospect of client change, almost one-third were more hypervigilant, suspicious of others and more protective of their personal safety, and many reported experiencing emotional distancing not just with their clients but also within their personal lives (Farrenkopt, 1992). The author proposed this process occurred in phases, where during the first phase therapists experienced shock as their immediate reaction to encountering sexual-offenders, followed by a second phase indicative of the therapists' adaptations to their work,



characterized by client empathy and non-judgmental work. The author suggested the third phase was that of repressed emotions, namely anger, a confrontational attitude towards offenders, and intolerance. Phase four, culminates in the counselor experiencing “erosion” which Farrenkopt (1992) likened to an extension of phase three, where anger and intolerance marry to form resentment, and general feelings of exhaustion and depression. A respondent from Farrenkopt’s (1992) study described these phases as “first “save the world”, then “save a few”, then “save yourself” (p. 221).

Iliffe and Steed (2000) studied the psychological impacts on counselors working with either victims or perpetrators of domestic violence. The authors found almost half of the respondents no longer felt “shockable” about what type of trauma disclosed to them by clients, and the majority of participants experienced visual imagery of what indirect trauma they were exposed to (Iliffe & Steed, 2000). The respondents reported experiencing many of the same impacts from their indirect trauma exposure as identified in Farrenkopt (1992), such as distancing from family and friends, feeling less secure in the world, hypervigilance in relation to personal safety, and a changed world view (Iliffe & Steed, 2000). Thorpe, Righthand and Kubik (2001) in their study of professionals working with sexual offenders in clinical, forensic, and human service settings found the greater negative emotional impact of working with sexual offenders, as experienced by respondents, resulted in more harmful effect on professional performance. Bell, Kulkarni and Dalton (2003) in their discussion of preventing organizational VT submitted, “VT can be considered a type of occupational hazard in settings where there are high levels of traumatized clients” (p. 464). The authors advocated employers have both a practical and ethical responsibility to address the risk

associated with high-risk occupations and the development of VT in employees due to their exposure to indirect trauma (Bell et al., 2003).

As evidenced by the research, there is a transformative process when workers engage with clients who have experienced trauma. It would make sense then to actively investigate the psychological and personal impacts on POs as a result of their exposure to VT. Further, it would be beneficial to delineate any possible cumulative effective on POs who are dually exposed to VT and CIs, as well as to ascertain if POs who have experienced significant levels of VT due to their longevity in the field, or type of offender population they supervise, are more impacted by CIs. Bell et al. (2003) suggested preventive measures including therapists having a more diverse caseload and ensuring file assignment is informed by the risk of VT that certain clients may present with. The authors advocated that these measures were an effective means to manage psychosocial hazards, which in turn, could decrease employee exposure to traumatic experiences (Bell et al., 2003). Farrenkopt (1992) found respondents believed a diversification of their work and/or rotating out of work with sexual offenders would help reduce the negative psychological consequences of their work. Sexton (1999) spoke to the importance of mitigating the psychological impacts of working with indirect trauma, and surmised, “given the apparently serious effects of secondary or vicarious exposure to traumatic material for trauma therapists, their clients, and the organizations that employ them, it is important that prevention and management of this phenomenon is taken seriously” (p. 398). With the aim of reducing the impact of psychosocial hazards in the workplace, it was beneficial to investigate if exposure to VT could make POs more susceptible to experiencing psychological impairments post-CI. However, as will be explored later, VT is not the only psychological impact experienced by front-line workers.

## **2.11 Secondary Traumatic Stress and Compassion Fatigue**

Building on research of VT, Figley (1995) introduced the concept of STS which he defined as “the natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other and the stress resulting from helping or wanting to help a traumatized or suffering person” (p.7). Sexton (1999) noted individuals suffering from STS can experience “the full range of intrusive, avoidance and arousal symptoms that are typical of PTSD sufferers” (p. 395). Bride, Radey and Figley (2007) identified exposure to indirect trauma is a distinguishing feature of STS from PTSD, yet the symptoms associated with STS can mirror those predominately associated with PTSD. Figley (1995) stressed the difference between VT and STS, noting “there is a fundamental difference between the sequelae or pattern of response during and following a traumatic event for people exposed to primary stressors and for those exposed to secondary stressors” (pp. 10-11). Within Figley’s (1995) work on STS he submitted that compassion stress and compassion fatigue (CF) “are appropriate substitutes” for the phenomena known as STS, and he further suggested that CF was a more “user-friendly” nomenclature for STS. Figley (1995) described the inherent vulnerabilities of trauma workers noting, “it is attributable to a number of reasons, most associated with the fact that trauma workers are always surrounded by the extreme intensity of trauma-inducing factors” (p. 15). The author found that trauma workers were at greater risk of CF due to their use of empathy during the therapeutic process, their own past experiences of traumatic events, and their own unresolved traumas, and that this risk was further elevated when these professionals worked with children who suffered trauma (Figley, 1995). The author also advocated for the “duty to inform” therapists of the

occupational hazards associated with their work via inclusion of the phenomena within curriculum and practicum supervision (Figley, 1995).

Newell and MacNeil (2010) characterized the defining difference between VT and STS as the manner in which the changes associated with the experience manifest themselves. Through the experience of VT the authors suggested a cognitive shift occurs in which key thoughts and beliefs about the world are altered, while STS results in behavioural symptoms that mirror PTSD. The linking feature is the indirect contact with trauma via one's occupational environment (Newell & MacNeil, 2010). In their review of literature the authors argued CF was a "more general term describing the overall experience of emotional and physical fatigue that social service professionals experience due to chronic use of empathy when treating patients who are suffering" and they noted the onset of VT and STS is more immediate while CF represents a cumulative experience for the worker (p. 61). As noted within the literature of front-line workers' experiences with VT, STS and CF, exposure to indirect trauma can manifest in workers as psychological impairments with either an immediate or latent onset. This somewhat homogeneous group of occupational phenomena can result in direct consequences for the worker. Additionally, there are potential organizational consequences associated with front-line workers becoming sufficiently overtaxed that they experience difficulty remaining empathetic towards their respective clients. Larivière (2001), within his study of correctional officers within the Correctional Service of Canada, found that although these front-line staff are ideally situated to positively influence incarcerated offenders only 26% of officers surveyed were empathic towards the offenders they managed, and only 26.6% ascribed to non-punitive attitudes. This lack of empathy and belief in offender capacity for behavioural change can undermine the

effectiveness of organizational rehabilitative goals (Larivière, 2001). Lewis et al. (2013) advanced an inability to empathize “could impair an [probation] officer’s ability to conduct productive interviews” (p.80), which consequently can adversely impact a PO’s ability to accurately assess offender risk or relapse potential. Arguably, when front-line staff no longer have the ability to remain empathetic towards their clientele base organizational deficits can occur. Thus, there are both organizational and individual worker well-being consequences associated with the intersecting phenomena of VT, STS, and CF. Further enhancing the potential for organizational and individual consequences, due to front-line suffering from occupational psychological impairments, is the impact of burnout on such workers, which is a phenomenon that has been well studied through the decades.

## **2.12 Burnout**

Research on burnout began in earnest in the 1970s. At that time, the focus was on understanding how workers experienced occupational demands, stressors, and organizational environments and subsequent outcomes on their psychological well-being. Maslach’s (1976) seminal work on burnout focused on human service workers and the emotional stress associated with their occupations, giving root to the study of burnout in the human service occupations. Simultaneously, Freudenberger (1974) studied the concept of burnout and described the emotional depletion, loss of motivation, and reduced commitment he and others experienced when delivering medical services to a high-need population. Both studies of burnout identified the phenomena within the human services. Maslach and Jackson (1981) described burnout as “...a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do “people-work” with a key aspect being “increased feelings of emotional exhaustion” (p. 99). The authors purported another aspect of the

burnout syndrome was the “development of negative, cynical attitudes and feelings about one’s clients” coupled with the tendency to “evaluate oneself negatively, particularly with regard to one’s work with clients” (Maslach & Jackson, 1981, p. 99). Further, Maslach (1976) identified many of the same psychological impacts, such as detachment, distancing, a changed world-view, as noted by Farrenkoft (1992) and Iliffe and Steed (2000) in their work on VT. Schaufeli, Leiter and Maslach (2009) utilized the metaphor of a smoldering fire or extinguishing a candle to explain the consequences of burnout. The authors submitted a fire can only continue burning with appropriate support and resources, which are the contributions employees make through their work, and when employees experience the negative impacts of burnout they lose their capacity to provide consequential contributions, rather “the result is more like smoldering- uneventful and inconsequential-than burning” (Schaufeli et al., 2009, p. 205).

Maslach and Jackson (1981) subsequently designed the Maslach Burnout Inventory (MBI) to assess the various aspects of the burnout syndrome. The authors located three statistically predictive facets of the syndrome namely, (1) Emotional Exhaustion, which describes feelings of emotional overload and exhaustion; (2) Personal Accomplishment, which describes feelings of competence and achievement in one’s profession; and (3) Depersonalization, which describes the unfeeling and impersonal responses towards clients (Maslach & Jackson, 1981). In relation to probation work, Whitehead and Lindquist (1985) studied job stress and burnout among probation and parole officers, utilizing the MBI to measure the variable of burnout. The authors found 49% of respondents found their job to be more than moderately or very stressful, with 21% of respondents feeling emotionally exhausted at least once a week or more, and between 10%-20% of respondents reporting high

levels of emotional exhaustion and depersonalization associated with burnout (Whitehead & Lindquist, 1985). Whitehead (1985) studied 1,000 probation and parole workers and found that “most officers were experiencing feelings of burnout on an infrequent and less than intense basis; however a sizable minority reported experiencing burnout both frequently and intensely” (p.104). Gayman and Bradley (2013) found in their study of probation and parole officers that “working in a community corrections environment with conflicting demands can not only lead to emotional exhaustion/burnout but can have direct harmful effects on officers’ psychological well-being” (p.338). Moreover, the authors identified two variables, one being exhaustion/burnout, as a predictor of depressive symptoms in respondents (Gayman & Bradley, 2013). Lewis et al. (2013) in their study of POs found challenging caseload events, officer victimization, and length of career were associated with higher reports of burnout. Thus, within the occupational setting of probation work, workers are exposed to indirect trauma, which is associated with the development of psychological impairments, combined with the overarching phenomena of burnout and these same workers are then taxed through their experience of a CI. Cieslak et al. (2014) found within their meta-analysis of the relationship between burnout and STS that workers exposed to indirect trauma experienced co-occurring burnout and STS. The authors suggested there are shared occupational risk factors associated with certain professions, which can influence this comorbidity (Cieslak et. al., 2014). van der Ploeg et al. (2003) found in their sample of forensic doctors that a fifth of respondents were diagnosed at risk for clinical burnout and that respondents experienced a cumulative effect associated with exposures to CIs and burnout. The authors noted, “...the more events [CIs] someone was exposed to, the more symptoms like intrusion and avoidance were reported” (p. 164). Perez, Jones, Englert and

Sachau (2010) through their research of law enforcement officers exposed to child pornography via police investigations found 18% of respondents experienced high levels of STS and the amount of time spent working with disturbing media was significantly and positively related with STS. Further, the authors also reported respondents' experienced substantial rates of burnout, and this was also related to the amount of time they had been exposed to indirect trauma (Perez et al., 2010). It is imperative to continue to investigate the intersections of these phenomena to help appropriately inform OHS policies and procedures, and to identify occupational supports to these workers. Further, there is an obvious gap in the literature with respect to probation work, POs' experience of indirect trauma and CIs, and the potential amplifying affect of the phenomena of VT, STS, CF and burnout.

### **2.13 Situational Factors of Occupational Critical Incidents**

Having discussed the general concept of CIs, coupled with the potentially compounding experiences of burnout, VT, STS, and CF, what then are some of the situational components to consider when investigating CI exposures and how do these components impact the CI experience? Exposure to CIs does not occur within a vacuum; there exist situational components to experiencing a CI. This subjective experience during and immediately following a CI has been shown to influence the subsequent development of PTSD symptoms. Birmes et al. (2003) concluded that peritraumatic dissociation experiences are a robust predictor of PTSD. The authors defined peritraumatic dissociation as "alterations in the experience of time, place, and person during and immediately after trauma exposure" (Birmes et al., 2003, p. 1337). Marmar et al. (2006) found that peritraumatic reactions, the reactions during or in the immediate aftermath of trauma exposure, are predictors of developing PTSD symptoms. McCaslin et al. (2006) focused their research on the



relationship between the type of CI experienced by police officers with peritraumatic responses, and PTSD symptoms. The authors identified that police officers' perceptions of life threat during CIs resulted in higher levels of dissociative symptoms at the time of exposure. Declercq, Meganck, Deheegher, and Van Hoorde (2011) found in their study of nurses and ambulance personnel working in military facilities that, "intense affective peritraumatic responses appeared to be an essential component in the prediction of subsequent posttraumatic psychopathology" (p. 15). The authors submitted that the subjective experiences of intense fear, helplessness, or horror, during or immediately following a CI, contributed to the development of PTSD symptoms in respondents (Declercq et al., 2011). Weston (2014) explored how peritraumatic responses create pathways in the brain, which are then integrated as trauma related responses. Ozer, Best, Lipsey and Weiss (2003) conducted a meta-analysis of predictors of posttraumatic stress disorder and they found peritraumatic psychological processes as the strongest predictor of PTSD. Green, Grace, Lindy, Gleser and Leonard (1990) identified risk factors for PTSD in Vietnam veterans and the authors found perception of general life threat "...made a significant contribution to the prediction of the posttraumatic stress disorder" (p. 732). All of these noted studies affirm the situational aspect of experiencing a CI. It is essential that workplace CI exposures in probation work be effectively managed not only through post-incident interventions but also by identifying situational components to CIs and attempting to mitigate or reduce the potential for CI exposure.

Regehr et al. (2002) discussed the role of contextualizing CIs in relation to impact. The authors found it was frequently the smaller and less sensational events that triggered an emotional response in the paramedics they studied. The authors found "...it became clear that

the events most troubling for paramedics involved not multiple deaths in a dramatic incident but rather the death or injury of someone whom the worker contextualized in relationship to others” (p. 510). Fincham, Scourfield and Langer (2008) in their study on the impact of working with disturbing secondary data (i.e. reviewing Coroner reports of suicide investigations) found contextualizing occurred when the researchers read the suicide files. The authors reported that during this process “we become more vividly aware of our own mortality, by reading about unhappy lives and emotional crises, we are likely to think about the possibility of our own distress” (p. 861). McCaslin et al. (2006) found “incidents involving high levels of personally relevant threat (i.e., threat of death or serious injury to the officer or to someone with whom he/she has a close relationship) were associated with greater peritraumatic emotional distress and dissociation” (p. 595). Bryant and Harvey (1996) researched volunteer firefighters within Australia and found participants who experienced multiple work related traumas reported higher incidents of posttraumatic stress, and that 75% of respondents identified threats to their own safety or others as the most stressful part of CIs. The authors submitted, “many firefighters reported events in which their physical safety was not threatened (e.g. attending motor vehicle accidents) but they felt threatened by their inability to manage the physical or emotional trauma being suffered by the victim” (p.59).

Brazil (2017) found:

75% of participants agreed that the severity of a critical incident call increases with inadequate equipment or direction from supervisors, with minimal information from dispatch, when alone or first on scene, and if there are family members or friends of the victim (s) on scene. (p.254)

Declercq et al. (2011) located the most difficult CIs for forensic medical specialists where those that involved young children who were victims of violence, sexual assault, suicide, situations involving the death of a child, and CIs involving victims that reminded respondents of their self or relatives. The authors found a positive correlation between the number of CIs experienced by respondents and their experience of posttraumatic responses (Declercq et al., 2011). Further, the authors submitted since the intensity of peritraumatic affects was a more powerful predictor of PTSD symptoms, as compared to frequency of exposure, organizational responses to occupationally based CIs should consider the severity of the worker's emotional response to a CI. As will be further discussed within the results and discussion chapter, the respondents of this current study suggested when they were more invested in an offender, who then experienced harm, or if they contextualized the CI, they experienced more difficulties post-CI when attempting to process their posttraumatic responses. Consequently, when investigating CIs as experienced by POs, situational factors and the degree to which the PO contextualizes the CI can influence the significance of the exposure and corresponding psychological sequelae. Organizational responses to CIs must take into account these considerations to ensure appropriate and trauma-informed responses post-exposure. Additionally, workers and managers through their Internal Responsibility System must identify possible psychological hazards as a means to reduce, control, or eliminate the hazard. To further enhance an understanding of how probation officers are impacted by exposures to occupational hazards it important to consider the coping strategies employed by workers, within high-risk occupational fields, to help buffer the negative psychological impairments associated with their work.

## 2.14 Coping Strategies

It has been suggested that workers in high-risk occupations employ a variety of coping strategies to help buffer their exposures to CIs and indirect trauma. The ability to come through a critical incident has been likened to coming through a fog, where the path to well-being is demarcated yet still unclear due to enveloping “fog” experienced by the worker. Within his description of first responder work, Meehan (2013) noted, “in most of our [EMS personnel] responses, our coping mechanisms have constructed a strong enough barrier to resist the invasion of emotions that exist and we can keep our emotional fence line” (p. 52). Meehan (2013) submitted that certain exposures, specifically CIs, test the ability of first responders to effectively cope with their experiences. The author identified numerous coping strategies, such as accessing peer-based or individual support systems, debriefing, or formalized interventions to augment employees’ ability to cope with negative stressors (Meehan, 2013). What then are the coping strategies most typically exercised by workers in high-risk occupational fields to help guard against the psychological impacts associated with exposure to psychosocial hazards?

One common strategy utilized by workers to buffer against psychosocial hazards is the use of humour after experiencing a traumatic event. Sliter, Kale and Yuan (2013) researched the use of humour by firefighters for its potential shielding affect when respondents were exposed to traumatic stressors. The researchers found, “humor tended to act as a buffer in the relationships between exposure to traumatic stressors and both burnout and PTSD symptoms” (p.267). In relation to probation work, Severson and Pettus-Davis (2011) identified numerous coping strategies employed by POs to reduce their experiences of psychological distress, namely the use of the humor within the workplace. The authors found

respondents identified humor as having a protective affect and, as one respondent noted, “we have to joke about it to keep from going crazy” (p.11). White et al. (2005) also identified humor as a coping strategy utilized by POs and within their study a respondent submitted, “you have to be able to turn some things that are difficult to handle into laughs” (p. 15). Maslach (1976) discussed the use of humor by front-line service professionals and submitted, “the use of humor, joking and laughing about a stressful event reduced personal anxiety by making the situations seem less serious” (p.19). Additionally, Maslach (1976) described the use of humor as a means for employees to emotionally distance themselves from the traumatic exposures they experienced. However, Maslach (1976) cautioned against the use of detachment as a general coping strategy as this can result in workers becoming completely disengaged. The author submitted, “in these cases the worker’s attempts at emotional self-protection came at the expense of the client, patient, child, and prisoner. The professionals donned such thick armor that nobody could get through” (p.19). Iliffe and Steed (2000) also found that therapists working with perpetrators and victims of domestic violence “felt that when they became too distanced from their client’s story there was a negative impact on their counseling” (p. 401). Halpern, Gurevich, Schwartz and Brazeau (2009) identified the use of humor as a coping strategy employed by ambulance workers to deal with CIs and indicated, “it turns vulnerable feelings into a format which suggests the speaker has mastered them, and they do become more bearable” (p. 184). The authors submitted the use of humor provides an opportunity to bond with colleagues but acknowledged the type of humor employed, namely “gallows or black humor” may isolate workers from non-peers due to the content (Halpern, et al., 2009). Thus, as humor can serve to moderate the relationship between exposure to

psychosocial hazards and negative psychological impairments what then are other coping strategies used by this occupational group?

In their study of law enforcement officers investigating child sex abuse images Perez et al. (2010) noted, “employees with more supportive relationships outside of work experienced less distress in the form of burnout and STSD [STS]” (p.121). Corneil et al. (1999) found firefighters exposed to CIs had an increased risk for posttraumatic stress disorders when their off-work levels of social support, combined with other organizational factors, were poor. Green, Grace, Lindy, Gleser and Leonard (1990) found levels of social support for returning Vietnam veterans significantly decreased their risk of developing PTSD. White et al. (2005) found some POs attempted to reduce workplace experiences from flowing into their personal lives by maintaining supportive social relationships separate and distinct from their work life. Maslach (1976) also identified the phenomena of compartmentalization between work and personal lives and reported “many professionals whom we studied do not discuss their family or personal affairs with their coworkers, and they often refrain from discussing their experiences on the job with their spouses or friends” (p.18). Maslach (1976) suggested through compartmentalizing work experiences employees do not relive traumatic events at home and consequently, the emotional stress associated with workplace exposures to psychosocial hazards was “confined to a smaller part of the professional’s life” (p. 18). The level and efficacy of social support available to POs after experiencing a CI can be a significant contributor to an individual PO’s ability to effectively cope with psychosocial hazards. However, as previously explored within the discussion on VT and burnout, distancing and detachment from family and friends can be a characteristic response of overwhelmed workers. Catanese (2010) espoused the importance of having a

support system for professionals working with sexual offenders but suggested these support systems are often limited due to confidentiality issues. Thus, the very nature of the work done by employees within high-risk occupations can further perpetuate the worker distancing from off-work supports. The ability of a PO to foster these much needed support systems may be hindered by their own experienced levels of VT and burnout. Consequently, these intersecting considerations can result in a complex interaction of factors when considering POs' abilities to cope, coupled with their inability to discuss their experiences with off-work supports due to confidentiality.

In addition to social supports located outside the workplace, researchers have found the creation of a positive workplace fundamental in helping workers exposed to psychosocial hazards. Sauter et al. (1990), in their discussion on the prevention of work-related psychological disorders, offered several recommendations for controlling psychosocial hazards in the workplace, including the fostering of social support systems for employees. Maguen et al. (2009) researched the characteristics of police-based occupational environments with the strongest association with PTSD and the authors found that a "compassionate" work environment was a protective factor that safeguarded police officers from developing PTSD. Iliffe and Steed (2000) discussed the use of debriefing with peers as a means to reduce the trauma associated with working with perpetrators and victims of domestic violence. The authors submitted that, "debriefing was a useful way of coping with their personal responses to hearing DV incidents..." (p. 407). Gonzales et al. (2005) studied occupational stress as experienced by probation and parole officers and found officers often coped with workplace stressors by "venting" and utilized social support offered by colleagues. Maslach (1976) identified the importance of workers being able to informally

debrief about stressful experiences and found workers “solicited advice and comfort from other staff members after withdrawing from a difficult situation” (p. 19). The author suggested accessing social support decreased perceptions of stress and created distance from the negative experience, which in turn neutralized emotions associated with the experience. Menard and Arter (2013) in their study of police officers exposed to CIs reported their findings suggested officers’ “well-being is not solely related to critical incidents experienced, but also to the coping methods and social supports available to deal with them”(p.49). The authors found respondents who reported higher scores in relation to negative coping and high levels of social stressors were more likely to report PTSD symptoms (Menard & Arter, 2013). Thus, the use of maladaptive coping strategies can combine, with other factors, to augment the worker’s experience of CIs. Alternately, adaptive coping strategies, including the use of positive social supports, can have a buffering effect. Severson and Pettus-Davis (2011) concluded coping strategies such as the use of humor, distancing from the indirect trauma, and accessing informal work-related support networks were employed by parole officers to guard against the psychosocial hazards they were exposed to. Thus, when considering the merits of more informal processes adopted by workers in high-risk occupational fields, it is also important to consider formalized interventions utilized by employers to help mitigate the impact of CI and trauma exposure within occupational environments.

## **2.15 Organizational Interventions**

Interventions utilized by employers to address employee well-being following CI exposures include both individual interventions via Employee Assistance Plans (EAP) and group interventions via post-incident debriefing. Such interventions are supported through



the continual training and education of workers' to augment their ability to mitigate the psychological impacts associated with the work they do. EAP is an employer-sponsored service providing immediate, short-term counseling to employees. Through EAP workers are able to access individual counseling, educational materials, and general support in relation to such areas as grief and bereavement, relationship issues, child rearing, pregnancy health, financial planning, and individual counseling. Additionally, EAP can be a referral broker for more intensive, community-based supports for employees to continue with. A core feature of EAP is that services are confidential, which may help reduce potential stigma associated with help seeking behaviours. A limiting factor of reliance on EAP service providers is that the identified providers may not have received specialized training to address the unique experiences of workers from high-risk occupational fields. EAP is very much a "cookie cutter" approach to administering mental health services. Further, it is incumbent on the worker to self-select EAP as an intervention which assumes (a) the worker is motivated to get help; (b) the worker is aware what they are experiencing is atypical and would benefit from intervention; and (c) that it would be more efficacious for the worker to have an individualized response versus group-based intervention. Arguably, when revisiting the definition of psychologically healthy workplaces, it would be negligent of employers to offer only one form of intervention for employees to address their exposure to psychosocial hazards. Consequently, many employers within high-risk occupational fields have adopted a Critical Incident Stress Management (CISM) system to promote both preventative and post-incident measures to positively influence employee health. The effectiveness of such interventions has been debated by academics, resulting in numerous approaches being adopted by employers with varying degrees of success.

Jeffrey T Mitchell pioneered the process of group crisis intervention during his early work with first responders following their experience of a CI. Mitchell (CISD, n.d.) labeled this small group intervention process as Critical Incident Stress Debriefing (CISD) and noted this particular intervention was considered part of the larger intercession of CISM strategies utilized by employers. Mitchell (CISD, n.d.) characterized this process as a “simply supportive, crisis-focused discussion of a traumatic event...developed exclusively for small, homogenous groups who have encountered a powerful traumatic event” (p.1). Identified outcomes associated with CISD include; (a) the reduction of distress following a CI exposure; (b) the renewal of group cohesion; (c) the restoration of unit performance; (d) and the identification of group members who may require further supports to facilitate recovery. Mitchell (CISD, n.d.) qualified that CISD should only be employed when the “group members” usual coping methods have been overwhelmed, and the personnel are exhibiting signs of considerable distress, impairment or dysfunction” (p.1). CISD is a structured process, delivered by trained staff following a CI and this process is dependent on group members being psychologically prepared to partake in the transformative experience. CISD is a seven step system whereas workers are first introduced to the concept of CISD, facts surrounding the CI are reviewed followed by a discussion centered on participants’ thoughts, reactions, and symptoms associated with the CI. The session is concluded through normalizing the CI experience and preparing participants for re-entry. Jeannette and Scoboria (2008) within their study of Canadian firefighters submitted that CISD provides an opportunity for the “collective recognition of the difficulty of the event” (p. 323), which is not implicit in other debriefing interventions, such as accessing individual counseling. The authors found that as the severity of the CI experienced by respondents increased so did their

preference for more formalized debriefings and an absence of intervention was not endorsed by respondents across any scenario presented within their research. Brazil (2017) confirmed this phenomenon within her study of Canadian volunteer firefighters, finding both CISD and individual debriefing were equally preferred by respondents after exposure to a CI and that an absence of intervention was not endorsed by respondents. The author submitted that younger, less exposed, and lower ranked firefighters were less likely to participate in post-CI interventions and it was suggested the stigma of accessing psychological services was a barrier for these respondents (Brazil, 2017). Sattler, Boyd and Kirsch (2014) studied both protective factors and risk factors that moderated the impact of CI exposure experienced by firefighters and the authors reported CISD, among other factors, was negatively associated with posttraumatic stress symptoms. However, the authors found that although 94% of respondents reported experiencing exposure to CIs during their career, less than 50% had participated in CISD sessions (Sattler et al., 2014). As such, it is important to investigate what factors may prevent workers within high-risk occupational fields from resourcing post-CI resources.

Royle, Keenan and Farrell (2009) investigated the stigma associated with help seeking within first responder populations and they found that, “seeking help from a psychological service can evoke negative perceptions and consequences for the individual, stigma marks the individual as being unacceptably different from that of “normal” people...”(p. 5). The authors suggested a three pronged approach to reduce the stigma associated with seeking services; (1) educating workers about mental illness and normalizing posttraumatic stress responses; (2) ensuring workers have direct contact with mental health providers, with the potential for peer mentoring; and (3) countering language and myths that

continue to perpetuate negative stereotypes about workers who seek help (Royle et al., 2009). The authors submitted that seeking help via CISD is imperative for rebuilding team cohesion and ensuring workers can confidently conduct their prescribed occupational duties (Royle et al., 2009). Jahnke, Gist, Poston and Haddock (2014) reviewed data collected from a qualitative study of firefighter health and found there was a general reluctance among respondents to seek mental health treatment. The authors found respondents' somewhat endorsed CISD while others reported negative experiences with the intervention. Some respondents experienced increased levels of distress after being exposed to all the collective experiences of colleagues during the actual debriefing sessions (Jahnke et al., 2014). Generally, the authors found respondents sought interventions that were more organically embedded within the organization, via trained peer mentoring or directly changing the organizational culture to help normalize discussions of psychological health post-CI (Jahnke et al., 2014). Harris et al. (2002) surveyed firefighters who had experienced a CI and compared respondents who had attended CISD with those who had not. The authors found "no evidence of a significant direct contribution of debriefing to coping skills or traumatic stress reactions" and suggested that organizations should use caution when considering CISD or similar occupational interventions post-CI (p. 232). Devilly, Gist and Cotton (2006) critically reviewed the use of psychological debriefing as a means to protect against posttraumatic stress. The authors suggested such interventions may interfere with the, "...natural processing of a traumatic event, and by inadvertently leading victims to circumvent the support of family, friends, or other sources of social support" in favor of utilizing formalized interventions (p. 337). Thus, the use of CISD may actually shift workers away from accessing established coping strategies and support resources in favor of a short-

term intervention. CISD, by its very nature, remains a reactive versus preventive response. CISD had not been extensively studied in relation to probation work though the respondents studied are employed by an employer who does employ a CISM system approach, including the use of trained, volunteer teams, to help minimize the psychological impacts of CI exposures. Again, this approach is reactive and contingent upon the collective ethos of the intervention being supportive and transformational. Consequently, through the research project the respondents were asked to consider the occupational environment of probation work and provide suggestions of what preventive interventions could be harnessed to help reduce the impact of posttraumatic stress.

## **2.16 Preventative Measures**

Sattler et al. (2014) identified numerous organizational responses to help fire fighters manage their reactions to trauma and submitted “departments might also offer or revise instructional programs to effectively teach ways of coping with occupational stressors and managing reactions to trauma” (p. 9). Brazil (2017) suggested in-house training relating to CI management and capacity building to prepare firefighters to “identify whether what they are experiencing is typical or atypical in terms of signs and symptoms of posttraumatic stress and could help encourage help-seeking behaviours” (p. 253). Devilly et al. (2006) suggested fostering self-mastery as a means of augmenting a worker’s capacity to cope with CIs. Devilly and Cotton (2003) discussed psychological debriefing within occupational environments and suggested “proactivity increases a sense of mastery over situations and increases a sense of self-efficacy...employees should be encouraged to devise coping strategies that make sense to their specific situation” (p. 149).

Halpern, et al. (2009) submitted that, “teaching ambulance personnel about the emotional aspects surrounding different types of critical incident may diminish their confusion about which incidents they can expect to impact them”(p. 187). Alexander and Klein (2001) reported in their study of ambulance personnel, “over a third of the staff claimed that better training and better pre-incident briefing would have helped them to cope more successfully with previous critical incidents” (p. 78). Pearlman and Mac Ian (1995) advocated for enhanced training of therapists to alert them to the signs and symptoms of VT and to better understand the inherent psychosocial hazards associated with their occupation. Sauter et al. (1990) promoted educating workers about the psychosocial hazards intrinsic to their occupation but the authors stressed any training “should encompass awareness and appreciation of psychological disorders as an occupational health problem, understanding of work and non-work risk factors, recognitions of individual and organizational manifestations of psychological disorders” (p. 1153). The authors concluded that worker and management education could help identify employees presenting with atypical symptoms after experiencing a CI (Sauter et al., 1990). Thus, advances in OHS promote the preventative strategy of risk assessment, targeted education and training interventions to promote mastery, symptom recognition, and pre-incident debriefing as an integral part of any comprehensive CISM system. Specifically, the notion of stress inoculation, which comprises many of the aforementioned tenets of prevention, has gained traction as a cognitive based approach to support employees in mastering their responses to CIs and other psychosocial hazards.

Stress-inoculation training (SIT) is a three phase model utilized to help individuals deal with stressors through “paced mastery” by exposing individuals to manageable units of

stress to provide “inoculation” against future stressors (Meichenbaum & Novaco, 1985). Meichenbaum (2007) indicated SIT “is based on the notion that exposing clients to milder forms of stress can bolster both coping mechanisms”, and that this approach is “designed to bolster individual’s preparedness and develop a sense of mastery” (p. 5). The author advanced utilizing SIT not only helps individuals identify their potential maladaptive coping strategies but also supports individuals to “construct a more adaptive narrative” in response to stress (p. 7). SIT consists of a three-tiered approach: (1) a conceptual educational phase; (2) a skills acquisition and skills consolidation phase; and (3) an application and follow-through phase (Meichenbaum, 2007). Historically, therapists broadly applied SIT when working with highly stressed patients as a means to enhance patient adaptations to stress. Novaco (1977) applied SIT to inform procedures used to train police officers on the management of intrapersonal conflict. Specifically, Novaco (1977) focused on augmenting participants’ anger-management skills and as noted by Meichenbaum and Novaco (1985), “...throughout the stress-inoculation training, the participants are treated as collaborators who generate their own personal experiments with ways of coping that they can eventually employ...” (p.428). Arguably, SIT could be used to help POs develop a sense of mastery in respect to CIs they experience during the course of their employment and to further aid them in learning how to inoculate themselves from the stress associated with psychosocial hazards. Maslach (1974) advocated “health and social services professionals need to have special training and preparation for working closely with other people” (p. 22) and recognized that due to the unique occupational demands of front-line work, employees are not necessarily prepared to effectively deal with psychosocial hazards. Arguably, any comprehensive CISM approach would be strengthened by incorporating preventive strategies, not just related to

hazard identification and control, but also with a focus on worker education and training via a SIT approach.

## **2.17 Research Questions**

As evidenced through this systematic literature review, the resulting psychological impacts of exposure to occupational psychosocial hazards has been extensively researched in relation to specific, high-risk populations such as first responders, military personnel, therapists, and social service providers. However, probation work remains an insufficiently studied field and researchers have rarely investigated the psychological outcomes associated with POs' exposure to psychosocial hazards. Further, although researchers have generated knowledge about coping strategies employed by POs, little attention has been paid to how POs experience CIs within their workplace. Through my review of literature I identified six guiding research questions warranting further exploration. Specifically, I endeavoured to understand from the respondents' perspectives: (1) how do POs experience a CI; (2) what are the long term consequences and psychological impairments associated with CI exposure; (3) what are the adaptations employed by POs to manage posttraumatic reactions; (4) how does exposure to psychosocial hazards influence POs' ability to cope with CIs; (5) what type of organizational responses would augment adaptations post-incident; and (6) what do POs believe should be part of a comprehensive critical incident stress management program?

My research objective was to unpack the peritraumatic and posttraumatic responses experienced by POs during a CI and to investigate situational and environmental factors during the time of exposure. I identified what adaptations POs most typically employed after



exposures to CIs and determined what organizational responses were promoted by the employer post-CI to address employee well-being. Further, I located POs' reflections around existing CISM interventions. Consequently, I provided recommendations to better inform CI management policy and employers in the area of mental health provisions for probation officers. Thus, the identification of "what is and what is not working" in relation to CI exposures was paramount to locating what OHS approaches should be promoted or what alternative interventions should be adopted or endorsed.

## **CHAPTER THREE**

### **3. Methodology**

There exist numerous gaps of knowledge within current research centered on how probation officers (PO) experience their workplace. These gaps exist in relation to understanding how POs cope with critical incidents (CI) coupled with their experiences of phenomena such as burnout, compassion fatigue, and vicarious trauma. Within the literature review the merit of researching PO occupational health and safety was promoted as a means to discover knowledge about organizational processes that could be positively influenced by the research findings. Such dissemination of knowledge could influence occupational health and safety (OHS) policies and procedures within the respondents' workplace with a desired outcome of increasing the psychological well-being of employees. Currently, due to the lack of specific research in this area, OHS policies and post-incident debriefings are informed by more general research findings conducted on high-risk occupational populations, but not specific to the contextual reality of probation work. I advocate that OHS policies and procedures governing probation work should in fact be informed by the actual contextual experiences of POs and consequently more representative of their collective voices and needs.

When considering aligning my methodological approach with my research inquiry, Strauss and Corbin (1990) suggested "the way one asks the research question is extremely important because that determines to a larger extent the research method that is used" (p. 36). The first step of my research inquiry was to consider which methodological approach would facilitate locating the experiences of POs, would advance the discovery of knowledge about the contextual phenomena present during a CI, and would foster the identification and

conceptualization of the influences on POs' experiences of CIs. Further, how could I move the research findings beyond a thematic analysis to the actual synthesis of a theoretical understanding of CI contexts and in turn reference this theoretical understanding to help inform future OHS policies and procedures? A methodological approach aligned with my line of inquiry was needed. Such an approach would embrace my position as a PO within the population being investigated and as a researcher conducting the inquiry. More broadly, an approach was needed that would nurture the conceptualization of data and multiple phenomena into practical knowledge, which could ultimately effect positive change. I concluded utilizing Grounded Theory (GT), an established methodology within the qualitative research tradition, was well situated to discover the intricate details of the phenomena being studied and to identify the contextual realities of probation officers.

### **3.1 Grounded Theory**

As identified by Starks and Brown Trinidad (2007), GT is often employed by “researchers and practitioners who seek explanatory models upon which to design interventions” (p. 1373). Strauss and Corbin (1994) posited “grounded theories can also be relevant and possibly influential either to the understanding of policy makers or to their direct action” (p. 281). Strauss and Corbin (1994) recognized that through the application of this approach, multiple perspectives are discovered and incorporated into a theory developed through the analytic process. GT has a rich history within social science inquiry and these same authors noted that GT is often employed to study diverse phenomena and to develop substantive theory.

Strauss and Corbin (1990) postulated that qualitative research methodologies are often employed by researchers within the social or behavioural sciences to study

organizations, groups, and individuals and that some “areas of study naturally lend themselves more to qualitative types of research, for instance, research that attempts to uncover the nature of persons’ experience with a phenomenon...” (p. 19). Mason (2002) described qualitative research approaches as having the capacity to “...produce rounded and contextual understanding on the basis of rich, nuanced and detailed data” (p. 3). Grounded theory is a qualitative methodology that “uses a systematic set of procedures to develop an inductively derived grounded theory about a phenomena. The research findings constitute a theoretical formulation of the reality under investigation...” (Strauss & Corbin, 1990, p. 24). Grounded theory does not begin with a theory, which is subsequently tested. Rather, GT commences with an area of study and what is relevant to the context is discovered by the researcher through the research process. GT relies on the interplay between data collection and analysis. Through the use of this methodology, the researcher can hope to develop an explanatory theory of the phenomena, grounded in, and relational to, the data.

Grounded theory was first conceptualized as an emerging methodology by the work of Glaser and Strauss (1967) who were motivated by their desire to create a method that would address the gap between theory and method. Unique to this emerging methodology was the emphasis on concepts emanating from data in the field, and that these concepts needed to be relevant to participants. Within their foundational work *The Discovery of Grounded Theory*, Glaser and Strauss identified the importance of an inductive approach to inquiry:

In the beginning, one's hypotheses may seem unrelated, but as categories and properties emerge, develop in abstraction, and become related, their accumulating interrelations form an integrated central theoretical framework-the core of the

emerging theory. The core becomes a theoretical guide to the further collection and analysis of data. (p. 40)

Thus, as the researcher continues to study the phenomena the revelations from the contextual investigation shape and inform further collection and subsequent analysis of data. Glaser (2016) advanced, "...in short they [concepts] had to be grounded, they also had to be conceptual so that they could be integrated by a theoretical code into a conceptual theory" (p. 4). Corbin and Strauss (1990) recognized that phenomena are not static. Rather, the authors characterized phenomena as continually changing and advocated for researchers to incorporate change within the research method. Additionally, there is a recognized interplay between the participants being researched and how they respond to their contextual environments, which in turn informs their actions and responses to their environment. The authors suggested that it is the researcher's responsibility to discover the interplay between participant and phenomena, and incorporate an understanding of this interplay through theory development.

### **3.2 Theoretical Underpinnings of Grounded Theory**

Prior to choosing GT as my methodology, I also needed to consider the theoretical perspective of GT, namely the philosophical underpinnings of this approach and how GT is theoretically informed. The theoretical perspective of a given methodology provides context and grounding to the chosen approach and is ideally congruent with the epistemological position of the researcher's way of knowing (Crotty, 1998). Epistemology is the study of knowledge and defines the relationship between the "knower or would-be knower and what can be known" (Guba & Lincoln, 1994, p. 108). Hence, was GT an appropriate methodological approach to garner the knowledge I was seeking in relation to CIs as

experienced by POs, and did the theoretical underpinnings of GT align with my beliefs around knowing? My epistemological assumptions include my belief in human agency and thought, that individuals apply meanings to their social world and contexts. Interactions within these contexts can be viewed and interpreted by respondents and investigator. The researcher does not have to comply with positivistic understandings of research, such as objectivity and *a priori* assumptions, but can be objectively-subjective and part of the phenomena being studied. Significantly, qualitative approaches to research can support the development of grounded understandings of contexts in the form of theory. Finally, I believe that grounded theory, developed through data analysis, provides an interrelational understanding of the phenomena under study and can meet domain specific evaluative criteria highlighting its authenticity and rigor. To situate grounded theory, its theoretical perspectives and philosophical understandings were considered in relation to my own epistemological assumptions.

The roots of GT can be traced back to the philosophy of pragmatism and the humanistic movement of interactionism. Pragmatism was a philosophical movement, which emerged between the 1860s and the 1940s primarily in response to scholars wanting philosophical questioning and debate to “extend beyond theory to prove their worth in practice” (Chamberlain-Salaun, Mills & Usher, 2013, p. 2). Pragmatists focused on the “renewed emphasis on the role played by humans in the production of reality as objective and meaningful” (Shalin, 1991, p. 224). Pragmatism, though varying in interpretations, was inherently focused on the union of theory and practice, and viewed as “a practical sort of philosophy, a sort of bread-and-butter philosophy” (Mead & Moore, 1936, p. 352). Schwandt (2007) described pragmatism as the philosophical influencer of symbolic interactionism,

which in turn was foundational to the interactionist movement pioneered at the turn of the twentieth century by George Mead, and subsequently fully postulated by his student Herbert Blumer (Aldiabat & Le Navenec, 2011; Chamberlain-Salaun et al., 2013; Charmaz, 2008; Corbin & Strauss, 1990; Denzin, 2004; Goulding, 1999; Starks & Brown Trinidad, 2007; Suddaby, 2006).

Symbolic interactionism is concerned with concepts of (a) the self; (b) the act; (c) social interaction; (d) objects; and (e) joint action (Blumer, 1966). Interactionists postulate human beings “possess minds and consciousness as original “givens”, that they live in worlds of pre-existing and self-constituted objects, that their behaviour consists of responses to such objects, and that group life consists of the association of such reacting human organisms” (Blumer, 1966, p. 535). The author continued that symbolic interaction:

Involves interpretation, or ascertaining the meaning of the actions or remarks of the other person, and definition, or conveying indications to another person as to how he is to act. Human association consists of a process of such interpretation and definition. Through this process the participants fit their own acts to the ongoing acts of one another and guide others in doing so. (p. 537-538)

Concepts of action and agency are central to symbolic interactionism (Denzin, 2004). Human beings act towards objects and people within their environments influenced by the meanings these objects and people have, these meanings are resultant from the social interaction between and amongst individuals, and these assigned meanings are initially established and subsequently modified through an interpretive process engaged in by the individual (Schwandt, 2007). Thus, individuals interpret, reflect, assign meaning, and interact and these meanings evolve and change due to social interaction with others (Goulding, 1999). Human

beings do not merely respond to stimuli, rather the “human being becomes an acting organism coping with situations... in place of an unrolling of reactions evoked from him” (Blumer, 1966, p. 542). Therefore, for the symbolic interactionist, shared meanings of reality can only be discovered through the interaction of the researcher and participants within the contextual reality of the phenomena being studied (Aldiabet & Le Navenec, 2011).

Blumer (1966) recognized that methodological approaches employed to study human beings and their social processes would need to “perceive objects as the actor perceives them, ascertain their meaning in terms of the meaning they have for the actor, and follow the actor’s line of conduct as the actor organizes it” (p. 542). Such an organic and naturalist approach would have been viewed as divergent to the then dominant, positivist orientation of seeking objective knowledge through empirically informed methodologies. A symbolic interactionist influenced methodology includes more subjective, interpretive approaches and requires the researcher to engage within the context being studied in order to perceive the participant’s environment and the subsequent interactions and interpretations that occur (Goulding, 1999). Guba and Lincoln (1994) advanced that, “human behaviour, unlike that of physical objects, cannot be understood without reference to the meanings and purposes attached by human actors to their activities” (p. 106) and endorsed qualitative approaches as having the capacity to generate data rich in insight into human behaviour. Crotty (1998) postulated that symbolic interactionism gave rise to GT and Denzin (2004) suggested interactionists employ a variety of interpretative, qualitative approaches including GT. Aldiabat and Le Navenec (2011) submitted GT is an effective methodology for investigating human behaviour because symbolic interactionism “provides a guiding framework to collect data about the meaning of a particular type of behaviour and the contextual sources of such



meanings, and how they change” (p. 1068) and GT “affords a systematic approach to generate a theory that illuminates human behaviour as a social process among actors in their interactional context” (p. 1068). Crotty (1998) concluded that symbolic interactionism “deals directly with issues such as language, communication, interrelationships, and community” (p. 8) and it is through the intersection of these entities that the researcher will gain an understanding of the social processes under investigation. Thus, the theoretical perspective of grounded theory being born from the naturalist movements of pragmatism and symbolic interactionism provides a philosophical foundation based on interpretative and iterative understandings of contextual realities, which in turn aligns with the canons and procedures associated with grounded theory. Concepts such as coding, theoretical sampling, theoretical sensitivity, constant comparative analysis, theoretical memoing, the process of change, and the interpretive nature of grounded theory-which will all be discussed in greater detail within this chapter-incorporate elements of the philosophical tenets of an interactionist understanding of human agency, action, and interaction. Accordingly, GT is a methodological approach, which supports the researcher being immersed within the research, seeking understandings of meaning and contextual realities, applying an iterative process, and as advanced by Mead (1936), brings theory into practice.

As discussed, GT is an iterative and inductive process, which centralizes the knowledge of the researcher within the broader context of the research. This process of knowledge building is referred to as theoretical sensitivity (TS). Strauss and Corbin (1990) defined TS as “the attribute of having insight, the ability to give meaning to data, the capacity to understand, and the capability to separate the pertinent from that which isn’t” (p. 42). Theoretical sensitivity can be garnered through the systematic understanding of the

phenomena being studied by a comprehensive review of literature, through the integration of professional experience and understanding, and through formative experiences. As well, during the analytic process researchers further inform their own TS through the ongoing study of the phenomena. Strauss and Corbin (1994) discussed the reciprocal shaping of research, meaning that throughout the study researchers increase their TS while also engaging in information exchange with the participants through the analytic process. The authors characterized this interplay between researcher and participant as immersive leaving researchers affected by their experiences with the participants, and proposed this process as a necessary requirement to enhance researchers' abilities to understand and interpret the data. Consequently, my lived professional experiences as a PO and my completion of a comprehensive review of literature provided me with the beginnings of TS in relation to the phenomena, and centralized me within the contextual experience of the respondents being investigated.

A major tenet of research design is to ensure the research can be evaluated by accepted criteria that speak to the quality of the findings. The notion of set evaluation criteria is rooted within the positivist tradition and includes evaluations of significance, theory-observation, compatibility, generalizability, reproducibility, precision, rigor, and verification (Strauss & Corbin, 1990). Glaser and Strauss (1967) discussed the application of traditional measures of scientific rigor to GT and submitted "we have raised doubts about the applicability of these canons of rigor as proper criteria for judging the credibility of theory based on flexible research" (p. 224). Alternatively, the authors suggested evaluative criteria should reflect the detailed tenets involved in the application of the methodology, the process of data analysis, the fit of the emergent theory, and the manner in which individuals receive

the theory. Both Corbin and Strauss (1990) and Haig (1995) advanced Glaser and Strauss' (1967) discussion on evaluative criteria by suggesting the redefinition of the canons of good science to reflect the complexities associated with qualitative research, and more specifically GT. Thus, GT is a systematic inductive approach to inquiry, prescribed by domain specific canons and procedures, which gives rise to a substantive, theoretical understanding of the contextual phenomena being studied while remaining open and flexible to adapt to the contextual realities of ever changing phenomena. When evaluated with domain specific criteria, GT can be systematically evaluated for its authenticity and rigor. Further discussion relating to authenticity is forthcoming within this chapter.

### **3.3 Canons and Procedures for Grounded Theory**

Corbin and Strauss (1990) identified 11 procedures and canons, or what one could colloquially describe as criteria, outlining the analytic process and inherent tenets of GT. Aspects of these criteria were also discussed in Strauss and Corbin (1990), Strauss and Corbin (1994), Pandit (1996), Goulding (1999), Gasson (2004), Glaser and Holton (2004), Starks and Brown Trinidad (2007), and Charmaz (2008); however the presentation forwarded by Corbin and Strauss (1990) remains the most extensive discussion. The authors cautioned researchers from adopting a formulistic approach to GT while still advocating for the use of such procedures and canons to enhance the rigor of the research. Suddaby (2006) identified the difficulties with an overly dogmatic approach to GT while acknowledging the position of Corbin and Strauss in advocating adherence to more prescriptive guidelines for the analytic process. He emphasized the creative nature of GT and suggested that researchers must be tolerant of the ambiguity often associated with the interaction between researcher and data as it is this very interaction which is fundamental to the success of GT. Charmaz (2008)

advanced this discussion and submitted that, “adopting and applying a procedural approach to grounded theory suppresses its emergent elements and likely stifles their [researchers’] own creativity” (p. 168). Charmaz acknowledged the structure that a procedural application of GT presents could assuage researcher concerns about the ambiguity associated with emerging theory. However, she concluded, “learning to tolerate ambiguity permits the researcher to become receptive to creating emergent categories and strategies” (p. 168). Researchers often underestimate the complexity associated with GT and researchers have identified difficulties associated with novice researchers utilizing this methodology (Backman & Kyngäs 1999; Pandit 1996; Suddaby 2006). However, being located in the phenomena being studied, the ability to be self-reflective, flexible, inductive and sensitive to the phenomena, seeking meaning and experience from contexts, and analytic prowess are all attributes which strengthen researchers’ capacity for this methodology (Corbin & Strauss 1990; Glaser 1999; Goulding 1999; Pandit 1996; Strauss & Corbin 1994; Suddaby 2006). Considering the intricacies associated with the contextual realities of my research inquiry, referring to these canons and procedures provides analytic scaffolding for an approach that is already inherently supple. These 11 criteria are investigated in greater detail below in the order provided by Corbin and Strauss (1990), though it should be recognized that the order is not necessarily sequential (i.e., temporal), and that certain criteria conceptually and temporally overlap.

**3.3.1 Criteria one and two.** Corbin and Strauss (1990) delineated the interrelationship between data collection and analysis as their first criteria while their second criteria positioned the researcher to locate concepts as the basic unit of analysis. The authors noted that each concept is first considered provisional until “it warrants its way into the

theory by repeatedly being present...” (p. 420). This simultaneous process of data collection and analysis ensures the concepts discovered are rooted within the data thereby enhancing the compatibility of the grounded theory with the phenomena being studied. Incidents of the context being studied are viewed as potential indicators of the phenomena rather than attempting to build theory from incidents themselves. Martin and Turner (1986) identified seeking an abstract understanding of the data as paramount to concept generation. The authors noted “movement from data to concept is appropriately viewed as a movement across abstraction, not a numerical tabulation of incidents associated with a discovered concept” (p. 147). Although my position as a PO aided me in understanding certain aspects of the phenomena I studied, I still needed to ensure concepts were generated from the data only, not from preconceived notions and understandings. Accordingly, the interrelational aspect of data collection and analysis fostered the inclusion of only concepts indicative of the phenomena into the developing theory and avoided the overreliance or undue influence by my position as a contextual insider.

**3.3.2 Criteria three.** Concepts are conceptualized, labeled with their interrelationships identified, and are subsequently integrated into like categories as the process for criteria three. The general process of naming like phenomena is referred to as coding, which transpires in three steps: (a) open, (b) axial, and (c) selective coding.

Open coding “is the process of breaking down the data into distinct units of meaning...text is analyzed line by line in an attempt to identify key words or phrases which connect the informant’s account to the experience under investigation” (Goulding, 1999, p. 9). Pandit (1996) described open coding as the “labeling and categorising of phenomena as indicated by the data” and noted the product of this process is the “basic building blocks in

grounded theory construction” (p. 8).

Axial coding is the linking of concepts by the researcher as they begin to explain the relationship between and across incidents of the phenomena. Goulding (1999) defined axial coding as “the appreciation of concepts in terms of their dynamic interrelationships. These should form the basis for the construction of theory” (p. 9). Pandit (1996) noted, “whereas open coding fractures the data into concepts and categories, axial coding puts those data back together in new ways by making connections between a category and its sub-categories” (p. 9). Category development gives foundation to the emergent theory however Corbin and Strauss (1990) cautioned that classifying concepts under an abstract heading does not give rise to a category, rather “to achieve that status the more abstract concept must be developed in term of its prosperities and dimensions, the conditions which give rise to it, the action/interaction by which it is expressed, and the consequences that result” (p. 420).

Selective coding is the integration of the developed categories to form the initial theoretical framework. Selective coding does not differ greatly from axial coding, rather it is conducted at a higher and more abstract level of analysis, and signifies moving from the early stages of identifying and describing the data to conceptualizing the interrelational aspects of the categories (Strauss & Corbin, 1990). Due to the comparative nature of GT, as the theory emerges more useful concepts will remain while concepts with less fit or applicability will not (Martin & Turner, 1986). Upon completion of selective coding, the researcher will have identified a core category and related all of the other categories both to it and to each other. Many key categories were identified through the coding process and I continually conceptualized data via the coding stages thereby helping ensure this richness was appropriately captured, integrated, and represented within the final grounded theory.

**3.3.3 Criteria four.** Theoretical sampling is the fourth criteria of a GT methodology and it is employed to ensure representativeness and consistency is achieved through the analytic process. Such sampling requires researchers, as they become more aware of the phenomena being investigated, to utilize a multifaceted approach of inquiry. Theoretical sampling is the cumulative process resulting in continual refinement of researcher focus. During the early phase of data collection, the researcher is interested in as many potential concepts and subsequent categories as possible however through the cumulative nature of the coding process, data collection becomes more focused on specific areas (Strauss & Corbin, 1990). Through theoretical sampling the researcher considers multiple vantage points when conceptualizing a prospective category, develops ways to understand the phenomena, and focuses sampling concurrently with data collection and analysis (Backman & Kyngäs, 1999; Pandit, 1996).

Essential to theoretical sampling is the concept of theoretical saturation. Glaser and Strauss (1967) succinctly defined the criteria to determine saturation as the "...combination of the empirical limits of the data, the integration and density of the theory and the analyst's theoretical sensitivity" (p. 62). Starks and Brown Trinidad (2007) advanced that as the analytic process evolves, the researcher continues to add participants to the sample until they reach theoretical saturation. Saturation is the end product of theory construction and it is only reached once a "core category pulls together all the strands in order to offer an explanation of the behaviour under study. It has theoretical significance and its development should be traceable back through the data" (Goulding, 1999, p. 9). Further, the author advocated that a theory is only considered valid once saturation has been achieved and that subsequent data does not provide new information about the emergent theory. Therefore, the grounded

theorist continues to focus and inform their sampling, owing to the comparative nature of data collection and analysis, resulting in saturation within the respective categories used to illuminate the phenomena.

**3.3.4 Criteria five.** The constant comparison of incidents for similarities and differences is the fifth criteria for grounded theory. The comparative aspect of GT was previously discussed in greater detail when describing the coding process. Corbin and Strauss (1990) concluded that making comparisons between the data achieves “greater precision (the grouping of like and only like phenomena), plus consistency (always grouping like with like)” and helps guard against researcher bias by “challenging what you [the researcher] think against the data” (p. 421).

**3.3.5 Criteria six.** The requirement for researchers to provide an explanation for both patterns and variation in the data is the sixth criteria. Patterns can be viewed as the repeated relationships between categories thereby identifying the inherent properties and dimensions of located categories. As patterns emerge and data is grouped, specificity of the emerging theory occurs. What then if a participant’s recounting of the phenomena does not fit within existing categories or borrowing nomenclature from the quantitative tradition, is an outlier? Strauss and Corbin (1994) proposed the researcher must review such accounts and attempt to determine what intervening conditions are triggering the resultant variation. Once such conditions are identified then the researcher can build these into the emerging theory. Discovery of variations can be as illuminating as locating patterns. Variations can describe the process of participant interaction with phenomena and how the same phenomena can result in varying responses across participants. Comparison of like incidents augments consistency while identification and possible explanations of variations enhances the overall



robustness of the grounded theory. The respondents did not all present with the same psychological impairments post-incident as other officers. It was within these variations, and the explanatory narrative provided by the respondents where discovery and further understanding about the phenomena was achieved. What influenced variant responses to CIs and why was germane to the research process. Thus, I focused on both the patterns and variations within the data to help ensure the finalized GT was both substantive and explanatory.

**3.3.6 Criteria seven.** Building process into theory development is identified as the seventh criteria. The concept of process in GT can have several meanings, one being the process of breaking a phenomenon under study into stages, phases or steps, and a second meaning signifying the action or interaction of participants in response to the contextual realities of their prevailing situation (Corbin & Strauss, 1990). Process is the researcher's mechanism for explaining change within the evolution of the emergent theory. Strauss and Corbin (1990) explained:

To capture process analytically, one must show the evolving nature of events, doings, or happenings-will change, stay the same, or regress; why there is progression of events or what enables continuity of a line of action/interaction, in the face of changing conditions, and with what consequences. (p. 144)

Change is a mechanism of process and can result from a variation in a set of conditions, a transformation in any of the intervening conditions that subsequently influence action or interaction, and as a consequence of previous action or interaction that informed new conditions or altered interactions among existing conditions (Strauss & Corbin, 1990). It is essential that the researcher incorporate this element of change into the process of theory

development and “consciously look for signs in the data indicating a change in conditions, and trace out what corresponding changes in action/interaction that these bring” (p. 157). Thus, the researcher must determine the contextual features of the environment that influence the action or interaction of the identified phenomena and account for contextual or relational change through building process within the theory.

**3.3.7 Criteria eight.** The use of theoretical memos is considered a hallmark of GT and is the eighth criteria. Glaser (1978) first identified the use of theoretical memos within his seminal work *Theoretical Sensitivity*. Glaser espoused, “the core stage in the process of generating theory, the bedrock of theory generation, its true product is the writing of theoretical memos” (p. 83). Building on this, Glaser and Holton (2004) defined memos as the “theoretical notes about the data and the conceptual connections between categories” (p. 17). The author’s proposed theoretical memoing as pivotal to theory generation, they cautioned against omitting this facet of GT, and suggested if researchers fail to memo they are not adherent to the methodological tradition. Corbin and Strauss (1990) echoed these concerns and argued “if a researcher omits memoing and moves directly from coding to writing, then a great deal of conceptual detail is lost or left undeveloped, and a less satisfying integration of the analysis will result” (p. 422). Through theoretical memoing researchers record their ideas as they occur simultaneously with their data collection and analysis. Memoing presents hypotheses about the interrelational aspects of categories, enables researchers to locate the emerging theory, and assists in the conceptualization of data. Memoing begins at the inception of the research project and continues throughout the research process. Memos are written immediately after data collection to document the researchers’ reflections, which ensures that vital concepts emerging from the data are not lost

(Goulding, 1999; Strauss & Corbin, 1990). Charmez (2008) delineated the memo process and identified the following eight aspects of memoing:

(1) title the memos for easy sorting and storage; (2) write memos throughout the entire research process; (3) define the code or category by its properties found in the data; (4) delineate the conditions under which the code or category emerges, is maintained, and changes; (5) compare the code or category with other codes and categories; (6) include the data from which the code or category is derived right in the memo; (7) outline the consequences of the code or category; (8) note gaps in the data and conjectures about it. (p. 166)

Thus, memoing is an intrinsic aspect of GT, representative of the continuous drive to have the emerging theory grounded with the data and to promote a reflective process within the researcher. I utilized theoretical memoing throughout data collection, analysis, and conceptualization which highlighted the more nuanced concepts revealed during interviewing and documented linkages between emerging concepts and categories in real time which were considered later during the analytic process. It was helpful to refer back to these memos as I reviewed the transcripts and coded to support the direction of the conceptualization of the data and during the theory development, which provided a broader reflection and understanding of how the theory was grounded within the data.

**3.3.8 Criteria nine.** Hypotheses revision throughout data collection and analysis is a distinguishing feature of GT and this continual verification process is located as the ninth criteria. Strauss and Corbin (1990) submitted that researchers are “building grounded theory, and it is the purposeful grounding or verification process that makes this mode of theory building different from many other modes of theory building” (p. 112). The authors argued

concepts and relationships must be substantiated again and again against the actual data to ensure the set of concepts, categories and their interrelationships are indicative of the phenomena under study and encompassed within the GT developed through this continual verification process. Strauss and Corbin (1994) advanced that the mandate of grounded theorists is to “strive toward verification of its resulting hypotheses...throughout the course of a research project, rather than assuming that verification is possible only through follow-up quantitative research” (p. 274). This verification process speaks to the iterative nature of GT, the theory is not developed *a priori* and subsequently tested; rather GT is derived from the phenomena being studied specifically through the comparative method and continual verification and grounding of theory from the data.

**3.3.9 Criteria ten.** Corbin and Strauss (1990) advocated for researchers not to work in isolation, but rather to assess identified concepts and their relationships in collaboration with colleagues who have knowledge of the phenomena under study. The authors considered this the tenth criteria of their canons and procedures for GT. Glaser (1999), within his keynote address from the fourth annual Qualitative Health Research Conference, outlined the attributes of a grounded theorist, namely a researcher with the ability to conceptualize data, tolerate confusion and regression, who lacks the need to cognitively control the analytic process, and who presents with an openness to discovery. The author suggested there is a lack of apprenticing of novice GT researchers and that researchers often learn about this methodology through published works with little to no support. Further, to enhance researchers’ skill base and to prevent working in isolation the author submitted that attendance at GT training workshops and/or conferences and subsequently engaging in follow-up discussions with like-minded colleagues will promote the exchange of ideas and

information. Glaser (1999) concluded that when researchers are part of institutions devoid of colleagues familiar with GT, researchers must then “find each other through the telephone, via the Internet, and at meetings” (p. 845) to ensure relationships between scholars are fostered and knowledge translation is possible. To avoid an insular interpretation and conceptualization of my data I resourced my supervisor to aid in the analytic process as well as reviewing and confirming the data with the respondents through the member-checking process. This peer/participant confirmatory approach will be discussed further within this chapter when I discuss my research design.

**3.3.10 Criteria eleven.** The responsibility of the researcher to “show specific linkages between conditions, action and consequences” (p. 423) is identified as the final criteria of the roadmap conceptualized by Corbin and Strauss (1990). The authors recognized that broad conditions such as “economic conditions, cultural values, political trends, social movements” (p. 422) can influence or interact with the phenomena being studied and suggested that researchers must include an understanding of these broader conditions through integration with the emerging theory. It is not sufficient for researchers to describe the phenomena, rather “for it to be theory, concepts must be systematically related, because it is not enough simply to say certain conditions exist and then require readers to figure out what the relationships to the phenomena might be” (Strauss & Corbin, 1990, p.167). Conditions must be considered in relation to how they bear upon a given phenomena and duly incorporated into the emergent theory. Occupational CIs occur within a layered context that I investigated through my research. The resultant GT provided insight into the contextual influences that affect POs during, immediately after, and post-incident and how these influences shape their experiences of the phenomena.

### 3.4 Self-Reflection

A pivotal aspect of any GT inquiry involves engagement with the process of self-reflection, thereby considering the position of researcher in relation to research. A cornerstone of GT is the researcher's placement within the context being investigated and their ability to engage in reflective research. As evident in the procedures and cannons promoted by Corbin and Strauss (1990), reflection is utilized throughout data collection, conceptualization, and theory emergence. Actions such as coding, memoing, theory testing, sampling, and theoretical sensitivity are all imbued with researcher self-reflection. Suddaby (2006) opined GT "...researchers must account for their position in the research process. That is they must engage in ongoing self-reflection to ensure that they take personal biases, world-views, and assumption into account while collecting, interpreting, and analyzing data" (p. 640). The author qualified that "such continuous reflection is not easy, particularly for those unaccustomed to a model of science in which the researcher is an important focus of the process" (p. 640).

The conceptualization of self-reflection has a lengthy history within the literature with the two main architects of the practice being John Dewey, a psychologist and educational reformist, and Donald Schön, a philosopher and professor who both contributed significantly to the evolution of self-reflection. Dewey championed reflection in his formative work *How We Think* (1910) where he defined reflective thought as the "active, persistent, and careful consideration of any belief or supposed form of knowledge in light of the grounds that support it, and the further conclusions to which it tends" (p. 6). The author acknowledged that reflective thought was complex and involved "overcoming the inertia that

inclines one to accept suggestions at their face value” (p. 13). The author characterized reflective thought as the process to “turn the thing over in mind, to reflect means to hunt for additional evidence, for new data, that will develop suggestions” (p. 13), and he located the difference between “good and bad thinking” (p. 13) as relational to the degree an individual engages with reflective thought with the concepts being investigated. Within his seminal work on reflection in practice Schön (1983) described the process of reflecting in and on action. The author advanced when practitioners:

Go about the spontaneous, intuitive performance of the actions of everyday life, we show ourselves to be knowledgeable in a special way...our knowing is ordinary, tacit, implicit in our patterns of action and in our feel for the stuff with which we are dealing. (p. 49)

Schön (1983) argued that a practitioner’s knowledge is in her/his way of knowing and when attempting to work through a puzzling phenomena the practitioner “...tries to make sense of it, he also reflects on the understandings which have been implicit in his action, understanding which he surfaces, criticizes, restructures, and embodies in further action” (p. 49). The author deduced that as professionals gain experience within their field through repetitive practice and routine their “knowing-in-practice becomes increasingly tacit and spontaneous” and “... the practitioner may miss important opportunities to think about what he is doing” (p. 60). Thus, through the use of reflection one can “make sense of the situations of uncertainty or uniqueness” and garner new ways of knowing or understanding (p. 60). It is through this reflective process that professionals cope with situations of uncertainty and counter a dogmatic approach to learning.

Self-reflection is more formally defined as the process of “...self-observation and report of one’s thoughts, desires, and feelings. It is a conscious mental process relying on thinking, reasoning, and examining one’s own thoughts, feelings, and, ideas” (Encyclopedia of the Sciences of Learning, 2012, p. 3011). This process of self-reflection is intrinsic to GT and though it may be difficult to do, being reflective is essential to uncovering the desired level of knowledge about the phenomena I am studying. As part of my methodological journey I needed to engage in considerable self-reflection not only to cogitate the relationship between my occupation as a PO and my line of inquiry, but also to ponder the deeper reasons which motivated me to study occupational health and safety. My journey of self-reflection is described below.

Probation work is a multi-dimensional occupation characterized by the duelling priorities of maintaining community safety through effective offender case management while also promoting offender rehabilitation achieved through individual and group rehabilitative approaches. Kita (2015) described the duality of offender supervision work and submitted probation or parole officers “...are thus charged with two tasks: effecting public safety by protecting the community from individuals on parole and aiding individuals on parole in rehabilitating themselves so as to remain in the community” (p. 7). Pitts (2007) also identified this role duality and conveyed that, “probation and parole officers are assigned the responsibility of supervising convicted criminals in a community setting in such a way that the competing goals of punishment, public safety, offender rehabilitation, and deterrence are achieved.” (p. 57). Vîlcică (2016) argued that the increased emphasis of evidence-based rehabilitative practices coupled with the proliferation of punitive based approaches has resulted in “the continuing conflict inherent in the parole officer’s role required to navigate



between the dual functions of control and care/rehabilitation” (p. 269). The Probation Officers Association of Ontario (POAO), a professional association representing the needs of POs within the province of Ontario, situated the role of POs as both agents of change and members of the broader criminal justice community furnished with the objective of ensuring community safety (Who We Are, n.d.). As a PO, one is tasked with managing an offender caseload while meeting the competing demands inherent to supervision work. As previously discussed within the review of literature, probation work is a high-risk occupation resulting in POs being exposed to CIs and other occupational psychosocial hazards. Probation officers are exposed to indirect trauma via their workplace, and the psychological impacts of such stressors can arguably be compounded by the role duality of probation work. When reflecting upon the occupational environment of POs it is apparent that the confluence of exposure to psychosocial hazards and the duality of probation work can not only shape the employee experience but also influence their ability to cope with occupational stressors. My process of self-reflection started with recognizing the duality of the work we do as POs and finished with exploring the catalyst incident that propelled me towards my field of study.

When considering the work requirements of POs the element of duality is not limited to role definition but also extends to interpretations of the offenders we supervise. Offenders are often victims themselves, attending the probation office with their own histories of trauma and victimization. As a PO I have witnessed the most deplorable acts humans can inflict on one another while all the while trying to make sense of conflicting assessments of offenders, viewing them as both criminals in society and victims of their family of origin. No one offender is all bad or good, rather they present in shades of deviance coloured by their life experiences and as their PO you begin to understand their evolution into crime as a result

of their formative experiences. What makes this assessment exceedingly complicated is when your offender re-offends and you wonder how the person who insightfully discusses his or her own victimization during in-office work can then victimize someone with impunity. To prevent this unpleasant, conflicting narrative of the offender you begin to emotionally distance yourself. Numerous times I have found myself using black humor when discussing life events of offenders as a means to distance my emotional connection to their own trauma or victimization of others. Conversely, when presented with the realities of the hardships faced by offenders, I often characterize their circumstances as a direct consequence of their actions or behaviour without considering any external influencers of their criminal behaviours. In essence, I distance myself from their contextual experiences, unless directly related to case management decision making, in an attempt to prevent further absorption of indirect trauma. My ability to show compassion towards my offenders has slowly eroded over time, potentially a reflection of my own levels of burnout, compounded by self-protecting strategies of not wanting to “get too close” to the offenders I manage. It is difficult to engage over and over again with offenders, learning about their lives and trying to work with them towards rehabilitative goals when the perceived futility of the exercise is constantly reaffirmed every time an offender re-offends, engages in self-sabotaging behaviours or re-victimizes someone.

Solely supervising sexual offenders has not tempered my evolution into indifference towards offenders. If anything, being responsible for the management of this offender group for over 17 years has served to further erode my desire to understand the offender narrative as I might have once attempted to do. How can one empathize or try to understand sexual offending when the act itself is considered so repugnant in “normal” circles? Although this

specialization has served to heighten my knowledge about this offender group, thus making me better at my job, it has also served to isolate me from my colleagues who do not want to know the inner workings of sex offender management, and more generally from my broader community. Family, friends, and neighbours balk at generalized stories about my work experiences, which make them uncomfortable, and are a constant reminder of certain aspects of life they wish to avoid. Thus, I have found that although mentally stimulating and never mundane, my specialized work has irrevocably changed my worldview about how individuals interact, how people victimize and take from one another, and often I attempt to reconcile this knowledge with my outside life in isolation.

The duality of probation work is not simply limited to my occupational environment as there is a duality to my outside life, the duality of knowing darkness while trying to contain that knowledge from seeping into my own personal narrative. I knew my work had truly changed me when I was having breakfast with my husband one day and he looked over at an elderly gentleman enjoying his morning coffee ritual with his grandson remarking on the positive nature of the interaction. I took in the scene, an older man with a young child and I saw vulnerability and potential exploitation versus a positive interaction, concluding he was probably “a pervert.” My lens for viewing the world and understanding its interactions had become myopic, only seeing the underbelly of human existence and perceiving deviance where it did not exist. This vantage point is re-affirmed daily when my offenders either harm someone or engage in reckless behaviours. Working in a high-risk occupation has resulted not only in changes to my worldview but also my daily life. I am hypervigilant in regards to personal safety, I avoid certain places in my community because an offender may work or frequent there, and I take extra precautions in ensuring no one has access to my children. I

recognize my occupational environment has permeated aspects of my personal environment, which was not something I anticipated when first starting within this profession. The occupational hazards associated with probation work were never explained to me during my core training at the beginning of my career and throughout my years of service OHS has typically been an afterthought or add-on discussion, rather than a central theme in subsequent training and learning.

When contemplating the catalyst event that sparked my research inquiry, I realized that POs are not adequately prepared to address the psychological impact of the psychosocial hazards they are exposed to within their occupational environment. For me, my CI was not particularly remarkable in the sense of it being easily identifiable as an impactful event. It was before eight o'clock in the morning and I was reviewing a graphic police report describing the sexual abuse of a tender aged victim by her father. In that moment I thought of my own two young children and their bucolic existence as contrasted with the horrendous life of the victim I was reading about. I contextualized the information from the police report in relation to my life. I was overcome with emotion and ache for this young victim, gaining voyeuristic knowledge of her victimization through my reading of the police report which itemized the insults she had to suffer, while everyone in her life was oblivious to her plight. I thought of the offender and how he presented as demure and well intentioned during our appointments and yet inside there was this monster of a person. The duality of that moment struck me. I remember walking down the hallway to a colleague's office, abruptly going in and shutting the door, and attempting to articulate what had just happened. I was with my colleague for about five minutes, trying to reconcile how I was feeling about the absolute

absurdity of trying to identify rehabilitative goals for this offender before I was summoned by administrative staff who advised me I had offenders waiting and needed to come out.

Upon reflection I realized there was no time or place for mental health in my workplace and I knew this was fundamentally wrong. I also recognized that particular police report was no more severe or graphic than ones I read everyday, that my caseload was a hallmark of human suffering so why was this particular victim or this offense so impactful? What was different about the situational or environmental factors that made this experience so resonating? Over the proceeding months I kept revisiting this CI and realized something needed to be done to illuminate and better understand the contextual experiences of probation officers. Specifically, research was needed to inform OHS practices within the probation workplace and to address the impacts of CIs as experienced by probation officers. Hence, my research inquiry was conceived and although my ideas were still embryonic I intuitively knew this was an area in need of further exploration, with the capacity to foster fundamental change on how we, as POs, do the work we do.

### **3.5 Research Project Outline**

**3.5.1 Sampling and recruitment.** For my research project I employed purposeful sampling of POs across the province of Ontario and continued to conduct semi-structured interviews until theoretical saturation was achieved. Both POAO and the Ontario Public Service Employee Union (OPSEU) expressed support of the research project and were willing to facilitate respondent recruitment via their member contact information lists. These organizations represent the professional and employment needs of POs and as such, were intrinsically positioned to support my research. Recruitment was by way of a recruitment

poster emailed to potential respondents, and those who expressed an interest in participating were sent the consent form which explained the project in greater detail.

**3.5.2 Data collection.** Interviews were conducted over the phone and were audio recorded for transcription purposes. All respondents were given the option of either having their interviews conducted via video conferencing or over the phone and every respondent chose a phone interview. Although conducting interviews over the phone does not allow monitoring of non-verbal cues, it was apparent when the respondents were recalling their CI, and more generally discussing their exposures to psychosocial hazards, that they became quite activated which was noted in their cadence, tone, and rate of speech. Theoretical memoing was utilized concurrent with interviewing to not only identify notable linkages, concepts, ideas, and thoughts but also to record commentary on how the respondents spoke and sounded during different times throughout their interview corresponding to the topic matter being discussed. A demographic questionnaire was utilized to gather information about the respondents time in the field, level of workload, number of previous experienced CIs, presence or absence of case specialization, and prior involvement with organizational interventions such as accessing one's Employee Assistance Plan or being part of a Critical Incident Stress Debriefing deployment. Specific occupational environmental/situational considerations such as employment in a rural or urban office, single person office versus multi-staff office, and static safety controls present at the time of the CI were identified via the questionnaire. It is recognized with GT that multiple data sources provide the opportunity for enriched contextual understandings and subsequently influence theoretical sensitivity (Corbin & Strauss 1990, Goulding 1999, Martin & Turner 1986, Suddaby 2006). The combination of my literature review, respondent interviews, memoing, demographic

questionnaire, and member-checking of the emergent GT provided multiple sources of the phenomena.

Central to my interviewing was seeking knowledge about the phenomena under study and to better understand the intersection of exposure to psychosocial hazards, CIs, and subsequent PO adaptations to such exposures. The act of interviewing was described by Grant McCracken in his foundational work, *The Long Interview*, as “one of the most powerful methods in the qualitative armory” (1988, p. 9). McCracken (1988) advanced that this “... method can take us into the mental world of the individual, to glimpse categories and logic by which he or she sees the world” (p. 9). The author further suggested that the use of interviews allows the researcher to locate the content and patterns of daily experiences as identified by participants. As described by Suddaby (2006) “...interviews with subjects may start with a phenomenological interest in subjective understandings, but the primary interest is not the stories themselves. Rather, they are a means of eliciting information on the social situation under examination” (p. 635). The interview process provides an opportunity for the researcher to learn about the respondents’ experience with the phenomena while remaining “close to the lived experience” (Starks & Brown Trinidad, 2007, p. 1375). Mason (2002) cautioned interviewing is “heavily dependent on people’s capacities to verbalize, interact, conceptualize and remember”(p.64) however the author submitted that by interviewing, the researcher is able to engage in a more organic process with the participant, identifying unanticipated responses in the moment, and exploring these discoveries through additional questions or prompts. Due to the highly contextualized nature of probation work, semi-structured interviewing allowed for the flexibility inherent to GT and provided an opportunity for POs to conceptualize and present their contextual reality through a medium

that is sensitive to this process. The additional use of a demographic questionnaire, supplemented with questions relating to employee work history, provided further contextual information, which reciprocally informed the interview questions through the continuous cycle of data collection and analysis.

**3.5.3 Data analysis and theory conceptualization.** Upon completion of the first few interviews and review of questionnaire based information, I started the coding process, searching for concepts and beginning to identify categories and thematic interrelationships. After coding the initial first four interviews, the semi-structured interview questions were revised to better allow me as the researcher to investigate the phenomena as reported on by the respondents. Through theoretical sampling, such as reviewing the demographic questionnaires, listening to the respondent interviews and completing transcription, and reviewing my theoretical memos taken during the interviews my semi-structured questions became more focused and my theoretical sensitivity increased. For example, through reviewing the demographic questionnaires it was apparent that the respondents were not utilizing organizational responses, such as their Employee Assistance Program, as a support system post-CI. Additionally, the review of the demographic questionnaires confirmed the majority of the respondents relied on informal support systems, such as debriefing with their peers, as their primary support post-CI. These findings combined to increase my understanding of the breadth of the problem in relation to the poor utilization of organizational responses, and highlighted corresponding barriers associated with an overreliance on informal, unstructured supports such as peer debriefing. Conversely, this knowledge gained from analyzing the research findings reciprocally informed the coding process. Consequently, this resulted in the addition of a semi-structured question, after the



initial four interviews were conducted, which attempted to delineate any barriers associated with help seeking. This process of continual theoretical sampling increased my theoretical sensitivity, which thereby allowed for my coding process to move from open to axial, and ultimately selective as the theory was developed. I ensured potential concepts and subsequent categories were fully investigated and I provided my supervisor, whose relevant expertise in clinical psychology, occupational health and safety research, and practice with high-risk offender populations helped inform his own review, with a handout of the provisional coding for his feedback and reflections of the coding process. As well, member checking-going back to POs who were interviewed, reviewing the emergent theory with them for their suggestions and authentication-added to the robustness of the emergent theory. This process of respondent feedback and authentication of the emergent theory will be fully discussed within Chapter Four within the results and discussion section. Theoretical memoing was conducted throughout and such memos were referred to as central data pieces in the analytic process. This comparative, reflective, and iterative process continued until a substantive theory was developed, one that was verified ongoing during the research process.

### **3.6 Evaluating Grounded Theory**

While Corbin and Strauss (1990) have illuminated a systematic approach to conducting GT, no methodological approach is reduced to prescriptive steps focused solely on research development, data collection, and analysis. The resulting findings or rather emergent theory, as is the case with GT, must have some measure of consistency and fit as a marker of the authenticity and rigor of the chosen methodological approach. The authors reasoned that, “the success of a research project is judged by its products” (p. 424) but the authors acknowledged, as previously discussed within this chapter, the redefinition of

traditional scientific canons used to evaluate research is paramount when considering GT.

Within Gasson's (2004) work *Rigor in Grounded Theory Research* she conceptualized the notion of rigor in respect to GT and identified four evaluative markers of the methodology: (1) confirmability; (2) dependability; (3) internal consistency; and (4) transferability. The author reasoned, "at every stage of the process, the researcher should subject their findings to both personal and external view, on the basis of these criteria" (p. 89) with the fundamental aim of increasing the rigor of the research project.

**3.6.1 Confirmability.** When discussing confirmability, Gasson (2004) contrasted the positive notion of objectivity in research with the inherently subjective aspects of GT. The author proposed "an important question to ask, therefore, is whether this [not being objective] makes theory generated in this way more or less confirmable (and therefore useful) than that generated by deductive, hypothesis-based research methods" (p. 89). Gasson (2004) continued:

Overall, qualitative, inductive approaches are no more subjective than quantitative, deductive approaches. Subjectivity is merely introduced at a later, more visible stage of the research lifecycle than with hypothesis-testing research approaches. The formalized ways by which we manage subjectivity are only problematic as they are based on positivist assessments of rigor. (p. 90)

GT methodologists need to substitute the goal of objectivity with the ability to be self-reflective (Gasson, 2004). When considering GT there are many reflective aspects to the methodology such as the use of memoing, the comparative method of coding, the process of theoretical sensitivity, and more generally, the conceptualization of data. Goulding (1999) advanced "once engaged in the process, rigor and credibility should stem from full and

reflexive interrogation of the data in order to allow theory to emerge” (p. 19). Strauss and Corbin (1994), within their discussion of the inclusion of multiple perspectives in GT research, identified the constant reflective nature of GT research and submitted:

Coding procedures-including the important procedures of constant comparison, theoretical questioning, theoretical sampling, concept development, and their relationships- help to protect the researcher from accepting any of those voices on their own terms, and to some extent forces the researcher’s own voice to be questioning, questioned and provisional. (p. 280)

Thus, specific to my research inquiry I needed to remain self-reflective throughout data collection and analysis, memoing any potential conflicts between my own understandings of probation work with the data presented by respondents, reflecting on what these potential divergences could mean, and I supported conceptualization and theory development through member-checking and concurrent coding. Specifics related to this process will be further explored within Chapter Four, section 4.10 within the discussion on Evaluating Grounded Theory Revisited.

**3.6.2 Dependability.** Gasson (2004) suggested that dependability is the process of identifying and articulating the steps one takes as a grounded theorist to collect and analyze data. Gasson advocated, “to ensure dependable and authentic findings, we need to establish clear and repeatable procedures for research” (p. 91) and “to reflect on the position that we take as we perform them. In that way, we can at least minimize the impact of subjectivity on the process” (p. 91). The author recommended researchers must “constantly reflect on, and record, the means by which we reach our theoretical constructs and the detailed ends that these means achieve” (p. 91). Suddaby (2006) remarked when evaluating GT research

projects that he considers if grounded theorists have “described their methodology transparently enough to reassure me that they followed core analytic tenets (i.e., theoretical sampling, constant comparison) in generating the data and that I can reasonably assess how the data were used to generate key conceptual categories” (p. 640). As previously reviewed, Corbin and Strauss (1990) delineated eleven canons and procedures in relation to GT and they submitted that, “in the instance of any grounded theory study, the specific procedures and canons as described above should be part of its evaluation” (p. 424). As a researcher I remained diligent in delineating the process I utilized to conduct my research, ensuring my analytic steps were reflective of the core components of GT. My process included considering the tenets of theoretical sampling, theoretical sensitivity, self-reflection, comparative method, use of concepts/categories, and clearly demonstrated how my research of POs’ experience of occupational CI resulted in an emergent theory.

**3.6.3 Internal consistency.** Gasson (2004) noted internal validity, traditionally associated with quantitative methods of evaluations, “is ensured by statistically testing correlations between data variables and by ensuring a statistically-significant sample population” (p. 91). The author proposed that internal validity is not present within inductive methodologies such as GT as “collected data represent social constructs, rather than measurable physical phenomena” (p. 91). Within GT, data analysis is recognized as subjective and inductive versus objective and deductive. As such, in lieu of seeking internal validity, internal consistency should be sought by grounded theorists, meaning evaluating the emergent theory for its fit and ability to explain the data. When considering the concept of fit GT “must have fit and relevance and it must work. Fit means the categories of the theory have a connection to the data...works means the theory’s ability to explain the phenomenon

and to predict and interpret actions which are connected to the phenomena” (Backman & Kyngäs, 1999, p. 151). Corbin and Strauss (1990) discussed evaluating GT and found “we can judge under what conditions the theory might fit with “reality”, give understanding, and be useful” (p. 426) and that achieving such internal consistency can be achieved through the application of their identified canons and procedures. Glaser and Holton (2004) determined, “GT requires following its rigorous procedures to generate a theory that fits, works, is relevant and readily modifiable” (p. 9). Gasson (2004) concluded that constant comparison is critical in achieving fit “because it is only by constant comparison of theoretical constructs with the data, across multiple sites and situations, that we can detect systematic biases and distortions in our analysis” (p. 96). Hence, the emergent theory resultant from my research inquiry can be evaluated for internal consistency through its ability to explain how POs perceive CIs. By returning to the respondents, seeking their impressions through member-checking, and incorporating subsequent data under the umbrella of hypotheses verification, the emergent theory was tested for fit throughout the process.

**3.6.4 Transferability.** The final evaluative measure as proposed by Gasson (2004) is the transferability of the emergent theory to other contexts and how apt the emergent theory is in informing subsequent theories. The author acknowledged positivistic measures of external validity, such as the generalizability of findings across large populations, and noted within the tradition of GT:

Claims for transferability and fit between contexts must therefore arise through identifying similarities in factors that are part of the theoretical model, that are consistent between different contexts for which the theory fits. Ultimately, we need to recognize that interpretive researchers cannot make the same claims to

generalizability as positivist researchers...As a replacement for external validity, in qualitative research we could substitute the notion of external consistency. We need to adopt the discourse of transferable findings, rather than that of generalizable results. (p. 92)

Claims of transferability can be made “on the basis that constant comparison between data sets has yielded similar findings, or that differences have enabled the researcher to extend their theory” (p. 98). Additionally, such transferability depends on “identifying similarities or differences in the context in which the theory is to be applied” (p. 97) through the application of the constant comparison method. This hypothesis verification will “determine whether a substantive theory fits new data and how the context in which the new data was collected is similar to (or different from) the contexts in which previous data were collected” (p. 97).

Corbin and Strauss (1990) discussed transferability in relation to the significance of the emergent theory, meaning the ability of the theory to stimulate further studies or “for giving useful explanations of a range of phenomena” (p. 426). Strauss and Corbin (1990) advanced that transferability, or as they termed it reproducibility, is possible when researchers of the same theoretical perspective conduct research following “the same general rules for data gathering and analysis, plus a similar set of conditions” (p.251) and that through this process “another investigator should be able to come up with the same theoretical explanation about the given phenomena” (p. 251). The authors noted that any divergences can be conceptualized through re-examining the data and identifying what conditions potentially influenced such divergence. Grounded theorists must temper any discussion of generalizability due to the limits incurred by the inherently smaller sample size of GT studies, and to be “honest about the extent to which our theories may be generalizable, or just

constitute an interesting direction for future research” (Gasson, 2004, p. 98). To my knowledge, POs’ experiences of CIs have not been studied via a GT methodology. The findings located through my research inquiry could be foundational in attempting to theoretically explain the contextual nature of CIs within probation work and they have a degree of transferability to similar social service fields such as youth or correctional officer work. However, conducting more research, with varied methodologies, will help further not only my initial findings but add depth and knowledge to this field of study.

One final aspect I considered during the concluding stages of my research inquiry was the localized response to and general applicability of the emergent theory resultant from my study. As previously discussed, both the POAO and OPSEU endorsed this research project with the implicit hope the research findings could inform OHS policies and procedures thereby improving the occupational environment for POs, and ultimately augmenting their psychological well-being. In discourse with these organizations they have overwhelmingly supported the need for specific, PO-centered research focused on the impact of occupational psychosocial hazards. Thus, the emergent GT can ultimately be judged by its ability to provide a contextual understanding of CIs, to address the interrelationships of broader conditions such as environmental and situational factors during a CI, organizational responses post-CI, PO adaptations, and to locate potentially cumulative effects of phenomena such as burnout, compassion fatigue, and vicarious trauma in conjunction with the response from the field to this explanatory theory. Translation of a well-grounded theory may not be immediate; it is often incumbent on field level participants to lobby broader institutional leaders to adopt and incorporate tenets of the theory. Arguably, the strongest measure of the emergent theory will be whether or not there is actual change in the occupational

environments of POs, making these environments safer in relation to physical and psychological well-being.

Therefore, in considering the evaluative criteria as identified by Gasson (2004), in conjunction with the canons and procedures emphasized by Corbin and Strauss (1990), one can surmise that GT done well has the capacity to uncover the interrelationships and contextual realities of the phenomena being studied in an authentic manner. Through the application of the comparative method, self-reflection, and adherence to prescribed tenets of GT, the resulting theory can be evaluated for its confirmability, dependability, internal consistency, transferability, and real-world applications. As famously proposed by Glaser (1967):

When the researcher is convinced that his conceptual framework forms a systematic theory, that it is a reasonably accurate statement of the matters studied, that it is couched in a form possible for others to use in studying a similar area, and that he can publish his results with confidence. (p. 224)

In conclusion, arguably my research findings can provide insight into how POs' experience CIs within their occupational environment, and the findings could potentially inform future organizational responses to CIs. It is my hope this research will augment the ability of POs to understand and cope with workplace psychosocial hazards thereby enhancing their overall well-being.



## **CHAPTER FOUR**

### **4. Results and Discussion**

#### **4.1 Overview**

Resultant from the interview process and subsequent data analysis a grounded theory entitled: A Grounded Theory of Probation Officers Experiences of Occupational Hazards (GTPO) emerged from the current research project. This grounded theory provided a context driven, theoretical understanding of how probation officers (PO) experienced transformation within their workplace, the relationship between transformation and their exposure to psychosocial hazards, and how these elements combined to influence POs interpretations of occupational critical incidents (CI). The emergent theory provided a relational understanding of the realities of probation work, interpreted the impact of ongoing exposures to psychosocial hazards, identified the phases the POs experienced post-CI, and attempted to explain the subsequent adaptations employed by POs as a consequence of having experienced an occupationally derived CI. The theory also provided an explanatory theory of the phenomena, grounded in, and relational to, the context of probation work. Ongoing during data collection and analysis, concepts and relationships were substantiated repeatedly against the actual data to ensure the themes, concepts, and categories and their interrelationships, were indicative of the phenomena under study and encompassed within the grounded theory (Figure 1). The results are presented by providing a brief overview of the emergent grounded theory, followed by an exploration of the survey results, and concluding with a substantive discussion of each stage of the grounded theory while concurrently exploring the linkages between the findings of the current project and existing research.



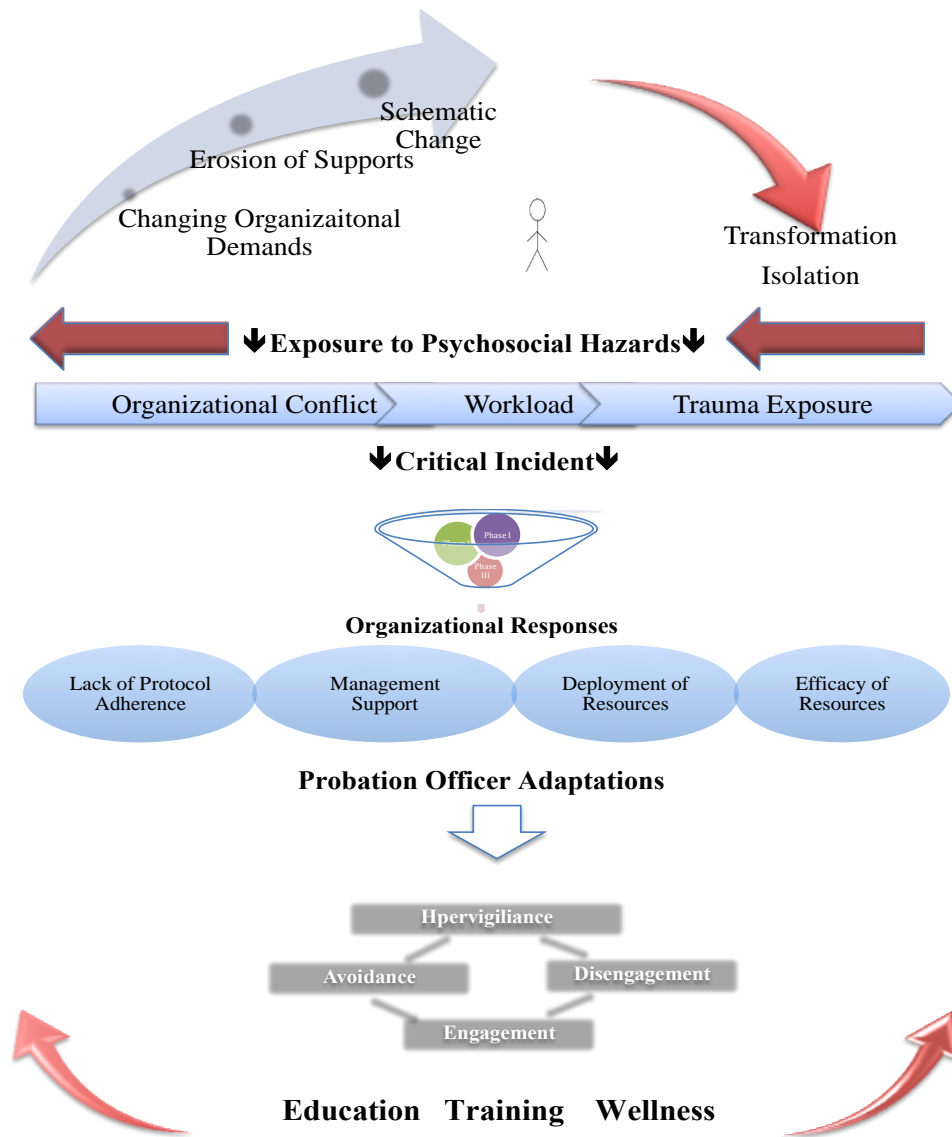


Figure 1. A Grounded Theory of Probation Officers Experiences of Occupational Hazards

## **4.2 The Grounded Theory**

Within this section a brief summary of the grounded theory will be provided followed by a comprehensive review and discussion of the results. The emergent theory began with context setting, locating POs as individuals who were drawn to the field of probation services with the desire and hope to effect positive change within offender populations. The respondents suggested through changing organizational demands, a general erosion of peer support within the workplace, and alterations to their worldview, combined together through transformative processes leaving them isolated and more susceptible to experiencing psychological impairment as a consequence of exposure to psychosocial hazards and CIs. The respondents described their evolution to a predominately administrative role as focused on meeting administrative priorities with little connection to the reasons they first entered the field of probation. They discussed the general erosion of peer relationships within the workplace, noting that initially there was mentoring and support available from experienced POs who modeled effective coping strategies. The respondents noted due to contextual factors such as retirement or attrition, this layer of support eroded over time leaving them disconnected, isolated, and with weaker peer relationships within the workplace. Additionally, the respondents identified the pervasive changes to their worldview resulting in further transformation and isolation. The respondents acknowledged their increased distrust and location of deviancy in others, their loss of self and innocence, and their inability to find the good in others further served to transform them. The process of transformation presented as a barrier for help seeking and negatively impacted the respondents' general capacities to cope. The respondents remarked that as they continued to move through the process of transformation, subsequent isolation and ongoing exposure to psychosocial hazards, such as

organizational conflict, unmanageable workload demands, and trauma exposure, served to further fuel their transformation. As a result of this this cycle POs were psychologically taxed, lacking in supportive relationships, and were generally isolated within their workplace, which in turn influenced their ability to manage post-CI.

The respondents defined a CI as an occupational experience outside the norm of daily probation work, which overwhelmed their established coping strategies, resulting in negative emotions and psychological impairments and they described three distinct phases to experiencing a CI. Phase one encompassed the varied physical and psychological reactions experienced by the respondents during and immediately following the CI. Hallmarks of this phase were shock, heightened emotional stress, hyperarousal, the slowing of time, feelings of disbelief and denial of the event, questioning their experience, and disassociation. Within the second phase of the CI, the respondents moved from attempting to process their initial peritraumatic responses to evaluating the CI, seeking validation of their experience, and attempting to balance their continued processing of the event with immediate work demands. Within this phase the respondents reported the phenomenon of seeking external validation of the CI from management, colleagues, and other justice personnel to confirm their lived experiences. A key element of phase two was the emphasis on meeting organizational demands post-CI even though the respondents had not processed the CI. Additionally, the respondents reported experiencing anxiety related to the CI and spent a significant portion of their emotional reserves searching for potential gaps in their case management that could have in some way influenced their offender's actions. The respondents described feelings of guilt and responsibility associated with significant case events and this location of responsibility by the respondents for offender behaviour further served to compromise their

established coping strategies. The respondents' levels of investment in the offender also influenced the significance of their CI. When exiting phase two the respondents noted they were further isolated and experiencing difficulty coping while concurrently minimizing the significance of the CI as a means to return back to pre-CI conditions. Phase three was the time period identified by the respondents, post-CI, when they began to experience various psychological impairments as a direct result of their CI exposure. The respondents described experiencing numerous psychological and physical impairments associated with CI exposures, including generalized stress and anxiety, sleep disruption, feelings of burnout and compassion fatigue, and physical manifestations of stress. As the respondents funneled proceeded through the phases of the CI experience it is important to acknowledge the compounding effect of transformation, as previously discussed within the theory, coupled with ongoing exposures to psychosocial hazards, which further taxed the respondents' abilities to manage. The respondents described the anxiety associated with re-entering the workplace post-CI, the stress caused by their ongoing physical and mental health issues associated with their CI experience, and the impact of the CI experience in relation to their work product. The respondents acknowledged their ability to cope post-CI was so compromised by their psychological impairments that all of them to varying degrees were no longer able to effectively do their job. By the end of the third phase the respondents remarked on their continuing transformation within the workplace and how this transformation also permeated into their personal and family life.

Post-CI the respondents discussed the organizational responses proffered by their employer, specifically identifying a lack of protocol adherence post-CI, the impact of varying levels of management support, and the inconsistent deployment of certain organizational

resources post-CI. Management was not viewed as a viable source of support by the majority of respondents post-CI, which was directly related to the theme of organizational conflict. The respondents suggested the failure to follow appropriate protocols post-CI and the lack of understanding by management in relation to posttraumatic reactions, conflated to further erode relations between POs and the organization. Additionally, the respondents discussed the theme of efficacy in relation to organizational resources and identified numerous barriers associated with help seeking, which prevented them from engaging in employer-led interventions. Often the respondents reported having to seek out and pay for therapeutic services, not covered by the organization, to help mitigate the lingering psychological impacts associated with their occupational CI and attributed this to the poor quality of existing organizational resources.

The respondents then discussed their individual adaptations to CIs as well as more generally in relation to their respective experience with transformation. The respondents described a funnel effect whereby they initially experienced ongoing exposure to psychosocial hazards, which then influenced their transformative experience with probation work, which in turn affected their levels of isolation. This cyclical relationship between factors led to continued transformation and isolation. This cycle of exposure to psychosocial hazards resulted in POs becoming exceedingly taxed emotionally and physically. The respondents then journeyed through the three phases associated with CI exposure. Having the CI experience defined by the participants into three distinct phases served to enhance existing understanding in respect to occupational CIs, specifically in relation to probation work where there exists a dearth of research about the phenomena. The respondents noted throughout the CI experience that they received varying organizational responses aimed at augmenting their

ability to manage however the majority of respondents suggested organizational responses to CI were ineffective, thereby contributing to the continued downward funnel effect leading to the respondents' adaptations.

The respondents identified four common adaptations they employed, namely avoidance, hypervigilance, disengagement, and engagement. Through the adaptation of avoidance the respondents significantly altered their professional and social relationships, shifted work locations, and modified their offender-based interactions. Triggering or stimulating workplaces were avoided as a means to prevent future negative events. However, this adaptation also resulted in diminished interpersonal and professional relationships, feelings of isolation, loneliness and sadness. Through the adaptation of hypervigilance, the respondents altered daily interactions and routines as a means to augment personal safety post-CI and to reinstall feelings of security and control. Although the intent was to augment feelings of safety, the respondents acknowledged increased anxiety and discord within interpersonal relationship due to their hypervigilance. The respondents noted disengagement was a third adaptation they employed and described being emotionally exhausted and unable to actively engage within their work environments. Disengagement included completing the minimal requirements in relation to work product and solely engaging in work demands to the extent of their emotional ability. Disengagement was influenced by the themes of organizational conflict, increasing workload demands and resulted in negative staff perceptions of their employment and altered offender-based interactions. Finally, the respondents noted they adapted through increased engagement via augmented participation within union activities, participation on panels about probation work and occupational health and safety (OHS) issues, and increased mentoring of new staff in relation to OHS.



Engagement allowed for empowerment, collective processing, and the ability to affect positive change in relation to OHS policies.

The respondents noted as they adapted within their workplace post-CI that they immediately re-entered the cycle of being exposed to transformation and subsequent isolation, and ongoing exposure to psychosocial hazards without adequately arresting this cycle. Consequently, the respondents identified two distinct areas for change, which they suggested would stop this cycle. The respondents argued for increased education and training around trauma as fundamental to augmenting employee wellness. Additionally, the respondents promoted an increased focus on wellness and self-care within the workplace to help increase the capacity of POs to cope post-CI and more generally with exposures to psychosocial hazards.

#### **4.3 Survey Results**

The study respondents completed an in-depth, semi-structured interview as well as a detailed survey in respect to their CI experiences. Survey results will be explored first. The mean age of the respondents was 50 years with the majority of respondents (five) having been employed as a PO for over 15 years. The remaining respondents (three) noted working in the field of probation between five and 15 years and all respondents had completed an undergraduate university degree. The respondents worked across all sectors of identified community types (i.e., three worked in an urban setting, two within an urban cluster, two in a rural community, one in a remote location), and the respondents recounted working in various sized offices with two respondents working in a one to three person office, three working in a two to ten person office, and three respondents working in an office with more than ten people.

When asked about their exposures to CIs, seven respondents noted they had experienced more than five CIs during their work tenure and two respondents had experienced between two to five CIs. All respondents reported having experienced a CI within their individual office. The majority of CIs occurred within the workplace or within the waiting room. The remaining CIs occurred outside of the probation office environment. Were at court, while at a police station or during a home visit.

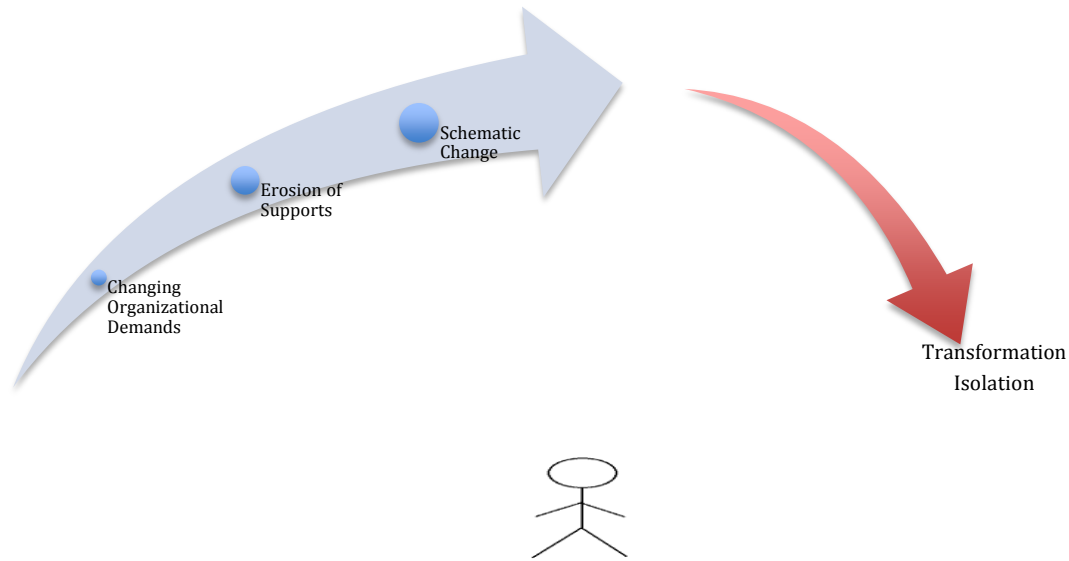
The respondents identified having experienced varied CIs while working as a PO with all of the respondents experiencing the unnatural death of an offender. Seven respondents had experienced an offender suicide while seven of the respondents had an offender on their case load commit a violent re-offense. Additionally, four of the respondents had an offender victimize a child victim, and three respondents had an offender commit a sexual re-offense. Additionally, all of the respondents reported being exposed to traumatic secondary materials, with seven respondents being subject to verbal threats made by offenders, three being witness to a physical altercations between offenders and other staff members, while four reported having to complete work related interviews with either a child or adult victim which they found to be traumatizing.

When asked to recall their past use of organizational resources four of the respondents reporting utilizing their existing Employee Assistance Program (EAP) post-CI, while only one of the respondents had participated in a Critical Incident Stress Debrief (CISD). The majority of respondents noted having taken a sick day as a means to cope with their CI (seven) as compared to only two of the respondents utilizing their long-term sick plan due to their CI experience. Additionally, seven respondents failed to submit Workplace Safety and Insurance Board (WSIB) paperwork post-CI and six of respondents failed to

discuss their CI experience with their Joint Occupational Health and Safety. The bulk of respondents were aware they would be exposed to CIs upon entering the field of probation (six). However, this majority also reported having considered leaving the field of probation due to their subsequent CI exposures.

The respondents reported varied manners in which they attempted to cope with their CI exposures, including four respondents seeking support from a doctor, four accessing EAP, and one seeking spiritual or religious guidance. The preponderance of respondents reporting debriefing with colleagues as a means to cope post-CI (seven) while six reported informal debriefing with friends as their preferred method of coping. The majority of respondents did not utilize their manager for debriefing (six). The respondents also located other ways in which they coped post-CI with six of respondents advising they spent less time with offenders after their CI experience or avoided engaging in workplace events such as potlucks or optional training events. Additionally, four of respondents reported changing their positions at work or took measures to avoid supervising certain offender populations post-CI. Increased substance use post-CI was reported by two of the respondents while four of respondents noted they utilized humor in the workplace or engaged in physical exercise as a means to cope.

#### 4.4 The Transformative Nature of Probation Work



*Figure 2. A GTPO - Stage One*

The respondents recalled having been drawn to the field of probation services with the desire and hope to effect positive change within offender populations. The respondents suggested that changing organizational demands, a general erosion of peer support within the workplace, and alterations to their worldview combined together through transformative process leaving them isolated and more susceptible to experiencing psychological impairment as a consequence of exposure to psychosocial hazards and CIs. Within the first stage of the grounded theory the respondents identified transformation as an overarching theme inherent to the reality of probation work. They suggested that the process of transformation, both in role definition and interpersonal relationships, directly influenced their respective workplace experiences and specifically how they managed exposures to CIs. Through transformation the respondents' relationships with peers, management, and family members were significantly altered, which was subsequently related to their levels of

isolation from potential support systems. Transformation was evident in the respondents' understanding of organizational change and shifting organizational priorities. The respondents acknowledged this transformative experience did not necessarily align with their initial expectations of what probation work entailed, and through this transformative process their individual personas evolved over time. Transformation included the subthemes of changing organizational demands, erosion of peer supports, and worldview change. The subtheme of changing organizational demands will be explored first.

**4.4.1 Subtheme one: Changing organizational demands.** This subtheme was focused on the identified path taken by POs who had initially entered probation work with the desire to effect change in offender populations, and their subsequent transition to a self-described administrator role within their workplace. The respondents recalled their initial understanding of probation work as not only exciting but placing them in a position where they could apply their university honed skills to support offenders in making encompassing changes within their lives. The respondents lamented their initial understanding of probation work lacked clarity in respect to the contextual realities of the employment. This was an important gap in the respondents' understanding of probation work as not only did they fail to anticipate the level of administration duties and general workload associated with the job, they also did not fully appreciate the extent to which they would be exposed to occupationally derived psychosocial hazards, namely vicarious trauma and CIs, within the context of their work.

The respondents suggested over time their role as POs morphed into an overly administrative job, with an emphasis on administrative priorities, far apart from changing lives. Administrative priorities were identified as case management requirements that had

little bearing on actual offender-based interactions and more on ensuring minute aspects of case documentation were completed and compliant with ever changing organizational policy. This transition for the respondents included a shift from an offender-focused, case management approach to an approach saddled with copious amounts of administrative work through which the respondents were unable to realize where they had personally impacted the lives of offenders.

Novel to this study was the emphasis the respondents ascribed to the theme of transformation, describing it as a seminal aspect of their lived experiences as POs. Although discussed to some extent in the existing literature (Annison, Eadie & Knight, 2008; Mawby & Worrall, 2011), in relation to this study, transformation was discovered as an overarching theme that greatly influenced how the respondents perceived their occupational environment and their role within it. Mawby and Worrall (2011) focused on locating common elements of probation culture. The researchers found a central tenet of probation culture was the belief in the capacity of offenders to make positive changes when supported, guided, and monitored by their supervising officers. The respondents' description of probation work echoed Mawby and Worrall's (2011) suggestion that modern day probation offices resembled other public sector offices with workers spending the majority of their work day in front of a computer in open plan offices. Additionally, Mawby and Worrall (2011) found that probation work was constrained by numerous variables resulting in POs yearning for increased discretion and freedom to engage in their work. Although these authors discussed the initial excitement experienced by POs when starting their careers, as well as the administrative nature of the profession, their results did not locate the same degree of transformation as was found within this research study. Annison et al. (2008) completed a critical analysis of existing literature in

respect to PO perspectives of probation work and surmised negative features associated with probation work focused on the repetitive nature of probation work, workload demands, and the increasingly administrative nature of probation work. The authors suggested these factors resulted in a shift away from offender-focused approaches to a more managerial focus and concluded the conflict between job expectations, that is, engaging effectively with offender populations, and the reality of probation work, that is, increasingly administratively focused work, which resulted in POs striving to reconcile their social work orientations with the administrative constraints of the job. Hence, as will be further delineated within the following section, the process of transformation resulted in numerous outcomes for the respondents, subsequently impacting their occupational experiences and was a defining element of the emergent GT. This finding serves to extend the literature on better understanding the role of transformation within probation work.

The respondents recalled commencing probation work with optimism and excitement. Additionally, as described by Participant Two, employment allowed for burgeoning financial stability post-graduation:

In the beginning it was exciting, absolutely right, the stories, I would go back and tell my friends and tell them these stories and they thought my job was exciting, that I was making pretty good money after university...I was able to buy a house with my spouse fairly quickly and I lived a good life and everything was amazing.

The respondents recounted similar stories of graduating university with freshly minted concepts of criminal justice and criminological theory with the goal of implementing theory to action via their encounters with offender populations. As Participant One mused, “this [criminality] was always an interest of mine. People know this is bad but why do they do it?”

What possesses people?” Participant Four recalled, “I had an interest from the time I graduated high school. Corrections had just always fascinated me; the legal stuff and that sort of thing”, while Participant Eight cited excitement over their career choice and the future it held, “I felt that it was a good career, that the money was good...it looked like a fairly good future.”

Beyond excitement over their future as POs, the respondents described an affinity with their role as “helper” that probation work afforded them the opportunity to effect positive change. Participant Four surmised their understanding of the helper role that probation work facilitated through offender centred interactions:

As probation officers we fix things, we help people, we take care of things, we do what is needed to make things work. We are people that take people that are in front of us that need counseling, who are broken, and we try and find all the pieces that they need to put themselves back together.

However, the respondents suggested over time their work as POs transitioned away from this helper role. As aptly summarized by Participant Seven, “I got into this job to help people, not be an administrator.” The respondents noted having to make a choice about how they administered their time to ensure organizational requirements were met and suggested this administrative focus was at loggerheads with their ascribed helper role. Participant Three articulated the frustration with having to make a choice between being administratively focused or offender centred and the resultant consequences when an offender centred focus was chosen, “I decided that you can either be an offender-centered PO or a administrative PO. You can’t be both. I’d much prefer to be offender-centered so I’ve had to wrap my head around not meeting standards.”



Part of the discontent identified by the respondents concentrated on the repetitive nature of probation work as highlighted by Participant One, “I find that the standards are very high, repetitious, unnecessary. Oh my God how many times am I going to repeat the bloody thing, a lot of that has really made the job almost like line work.” The respondents submitted their ability to meet organizational demands was incumbent on taking time away from offender centred interactions. The respondents described having to abbreviate time with offenders which negatively influenced their ability to effect change. Participant Seven described the negative feelings associated with their workplace transition and their changing role with offender populations:

When I became a probation officer my much older friend used to tease me and call me Florence Nightingale because I thought I could change the world much as I think a lot of probation officers felt. I hate to use the word cheated and cynical but unfortunately that is the case now. I came to realize I only make very small changes in a very small percentage of people’s lives. The job has changed from being offender focused to administratively driven.

Additionally Participant Seven addressed the transformation of their role, recalling their previous freedom to take the time required to work effectively with offenders to their current quandary of attempting to meet organizational demands to the detriment of offender interactions:

Before if I had an offender that I needed to spend an hour with I did it without hesitation...but I am now aware if I do that I am going to be behind for at least a week because I have so much paperwork to do, so much tick boxes that the employer wants done, so much redundancy...I don’t have the time to spend with my clients

without putting myself severely behind...and it's because you have too many administrative demands.

Participant Three expressed similar frustration with their inability to manage organizational demands and the resulting prioritization of the administrative aspect of probation work over offender interactions:

I feel that I am spinning my wheels. I have a direction that I would like to be able to take my offenders, but I don't have the resources to do it or the time to do it and the policies are too restrictive. It's exhausting. I find I'm struggling to keep my head above water most days and just rushing around and trying to prioritize what is most urgent. Which is a lot of times difficult when you have a high-risk offender in the waiting room and you have a victim who's calling you and you know, what do you do? The calendars are packed so it's like I got 15 minutes for each offender...it's just chaotic.

Subsequently, the respondents' initial optimism and their belief in their ability to effect positive change transformed to a general frustration with the perceived redundancy and repetitive nature of probation work. Participant One surmised their experience with transformation with the following reflection:

So when I became a PO I just loved it, I love working with offenders, I'm a people person, but what I have found challenging...is that the workload is absolutely unmanageable. With the administrative policies and all the administrative ticky tack boxes they want you to do and it's very daunting.

As Participant Three concluded, "it's all of those additional duties that I find are what has really sort of burnt me out compared to the way it used to be." Consequently, the

respondents' experience with the transformational aspect of probation work was quite negative with unanticipated outcomes. Role evolution from helper to administrator resulted in augmented levels of job dissatisfaction, frustration, burnout, and loss of optimism. Abbreviating time with offenders to meet organizational demands presented as barrier for the respondents to effect change in offender populations further distancing the respondents from the elements of probation work they initially found motivating. Also influencing the magnitude of this transformation was the reported erosion of peer supports as experienced by the respondents within their work environment.

**4.4.2 Subtheme two: Erosion of peer supports.** In addition to the transformation from optimistic newcomer, buttressed by a belief in their ability to effect change, to the new found role of administrator, the respondents reported experiencing a general erosion of peer supports, which they submitted further amplified the challenge of transformation. The respondents revealed initially within their workplace they were mentored and supported by senior staff. They suggested senior staff had developed strong coping mechanisms to manage organizational demands and exposures to psychosocial hazards. The respondents reported relying on senior staff for informal peer debriefing and as a social outlet. They described senior staff as the “core people” who maintained the structure of the office. However, due to retirement, staff conflict, workplace relocations and/or workload demands, the respondents advised they either lacked a current peer support system, failed to have established therapeutic relationships with colleagues or did not have the time to access existing peer supports. This element of the GT fed into the general process of transformation and the subsequent isolation realized by the respondents.

The use of informal peer supports by POs for debriefing has been a finding of research focused on the experience of POs and probation work (Brown, 1986; Gonzales et al., 2005; Severson & Pettus-Davis, 2011; White et al., 2005) and was also a finding in this study. However, the respondents not only located the perceived benefits of having supportive co-workers, they also discussed the negative impact on their ability to cope with the psychosocial hazards associated with probation work when senior POs were no longer available for informal debriefing. Thus, the location of eroding peer supports as an aspect of the emergent GT served to extend current knowledge in respect to the complexities associated with the intersection of probation work, how POs interact with peers, and the impact of not having sufficient, established therapeutic peer relationships to help POs manage their occupational experiences.

Participant Two detailed the initial mentoring capacity of senior staff and related this capacity to general workplace cohesiveness and the quality of the office environment, “now the reason I think it was so good was because that office was a high seniority workplace...the senior officers there had really developed good coping mechanisms for what they had endured over the years.” Participant One suggested established peer relationships provided an outlet for wellness, “we would have wellness before wellness was even an issue.” Activities such as office potlucks, spending time outside of work together, and general socialization were all identified activities that bolstered peer relationships. Participant Two illustrated the transformative process of losing senior staff and the subsequent loss of cohesiveness within their workplace:

We had such great connections but slowly over the years through incidents at work, through retirements, we lost a lot of those core people who kept that office together. I would say in the last five years there is very little left from what it used to be.

Participant Five shared their transformative experience with erosion of peer supports outlining their initial ability to access senior staff for mentoring to their current negative experience with staff:

Originally when I came into probation my experience was very positive because I liaised consistently with the seniors POs. There were at least four senior POs with at least 20 years experience so if I had questions or concerns I would consult with them. They were extremely supportive and I found it to be a supportive working environment at that time...as the years have gone on, especially in recent years I would say my experiences with officers have been utterly abysmal.

As surmised by Participant Two, the respondents located time requirements to meet organizational demands as an antecedent to eroding peer supports. Through transformation, increasing workload demands were prioritized leaving POs little time to informally debrief with colleagues, and subsequently, previously cultivated relationships that were sources of mentoring and support for POs were eroded:

I certainly believe that from when I started to now that we debriefed more, that there was more support many years ago than there is now and partially that is the workload demands. People don't have the time.

Consequently, the respondents expressed frustration over the bureaucracy of probation work, conflated by the respondents not having appropriate peer supports within their work environment to utilize as a touchstone for debriefing and support. When the respondents

discussed transformation they noted a form of isolation occurred, in part, due to having to devote copious amounts of time to meet administrative demands while concurrently not having the time to engage with peers within the office resulting in a lack of camaraderie and connection with peers. Isolation via transformation is a pivotal aspect to the third subtheme, worldview change.

**4.4.3 Subtheme three: Worldview change.** The respondents identified the transformative nature of probation work in relation to their shifting worldview as a direct outcome of their exposure to the probation environment. Schematic change was a significant element identified as part of the GT and understanding schematic change provided insight about the mindset of POs, and how they perceived their professional and personal relationships. The respondents identified the transformation of their worldview from open and trusting individuals to individuals who were less accepting and focused on the location of deviancy or perceived criminality in others not associated with the offender populations they were managing. This subtheme differed from the previously explored subtheme of changing organizational demands in that this process of change was more encompassing and pervasive and included the acknowledgement from the respondents that their worldview had been substantively altered beyond simply coming to understand the realities of probation work.

Maslach (1976) discussed schematic change within front-line workers towards the cynical or negative due to their experienced burnout. McCann and Pearlman (1990) found trauma therapists experience significant disruptions in relation to their schemas and worldview due to the vicarious nature of their work, with increased distrust of others identified as one of the hallmarks of this transformation, along with enlisting a more cynical outlook and questioning the motives of others. Pearlman and Mac Ian (1995) submitted via

their research on how trauma therapists experience vicarious trauma (VT) and proposed the effects of experiencing VT (changes in ways of experiencing self, others and the world) permeated all aspects of the therapists' life and was cumulative over time. Farrenkopt (1992) identified increased cynicism and suspicion of others experienced by therapists working with sexual offenders while Catanese (2010) discussed the impact of working sex crimes and submitted VT can result in changes to mood, increased distrust of others, negative relational outcomes, and isolating behaviours. Iliffe and Steed (2000) found counselors working with perpetrators of domestic violence reported worldview changes resulting in a lack of trust of others and increased awareness of domestic violence warning signs when viewing the relationships of others. Within this same population of study, Ben-Porat and Itzhaky (2009) reported on domestic violence therapists' altered worldview, disruptions in interpersonal relationships, and increased negative spousal relations. Probation work encompasses many of the same occupational characteristics, for instance, case management responsibilities, working with victims of trauma and listening to offenders recount their own histories of victimization, experiencing significant case load events such as offender death, suicide, or violent re-offense, all while fostering a therapeutic relationship with offenders while faced with mounting administrative and workload demands as the front-line workers studied within the aforementioned research. Arguably, the worldview change experienced by these front-line workers due to their occupational exposures is very similar to the worldview change located by the respondents.

Specific to probation work, White et al. (2005) located the "contagious quality" of cynicism present in probation work and acknowledged worldview changes within POs attributed to the nature of probation work. Kita (2015) found parole officers adopted a

worldview that allowed for the reality of the viciousness displayed by some offenders and purported without such a worldview individuals would not be able to do the work required within the field of probation. Within this study the respondents suggested their pervasive schematic changes and alterations of worldview were a direct consequence of the transformative nature of probation work resulting in corresponding behaviours that lead to isolation, a mistrust of others, relational difficulties, a loss of innocence, and a general inability to find good in others. These findings echoed the findings from existing research on VT but uniquely located with specificity the impact of trauma exposure within the probation setting, which has not been broadly researched.

The respondents suggested over time, due to their finely tuned skills of risk assessment and locating deviancy within offender populations that they began to utilize these same skills to locate deviancy in others. When questioned about the reality of whether this perceived deviancy in others actually existed or was more an outcome of shifting worldviews, the respondents suggested that in fact this deviancy existed while simultaneously acknowledging a previous inability to perceive such deviancy until having been exposed to similar offender-based deviancy through their work environment. Participant Two spoke to their ongoing assessment of peers as a significant contributor to their belief in the deviancy of others:

Back in my 20's and my late teen years I definitely was a totally different person, I was an extrovert. I thrived in big groups and had good times and I do solely attribute it [current isolation] to my work because I didn't have any of those skills in assessing pro-criminal attitude and deviancy. I didn't have any of that. So it's those skills that have affected my life for sure...I was so much more trusting and vulnerable and naïve back then but in a way that I had a better quality of life then.



Participant Two advised their use of work-fostered skills within their personal life transformed how they evaluated personal relationships and the motives of others. They submitted the lens through which they viewed the world focused on locating deviancy with the transformative outcome of shifting from a thriving, extroverted individual to individuals whose orientations prevented engagement within group settings. This pervasive distrust of the motives of others echoed the findings of McCann and Pearlman (1990) who argued such disruptions in individual schemas can influence and shape the manner in which therapists respond to clients and submitted therapists must strive to understand how their disrupted schemas impact their work. Lewis et al. (2013) articulated concerns regarding the relationship between trauma exposure in POs, their subsequent inability to empathize, and how this could impair their ability to effectively manage offenders. In the following reflection Participant Four encapsulated their worldview change, being a shift from the ability to find good in others, to the conclusion that locating such good was more difficult than before. Within this scenario the participant expressed their difficulty in finding the positive in others but failed to connect how this schematic change could influence their work with offenders. The participant also advised their worldview change did not go unnoticed by others, speaking to the pervasiveness of the change:

My family would tell you that just by going into corrections I went from this nice, young, rose coloured glasses kind of person to a much more harsh, more critical, more complaining type person. I have always tried to find the positive in everything and I know that sometimes I can't. I have to work harder to find it and it doesn't come as easily as it did when I was younger... I don't know that I have always

recognized how badly and how much it [probation work] has affected who I am and my demeanor and the person and persona that I present to the world.

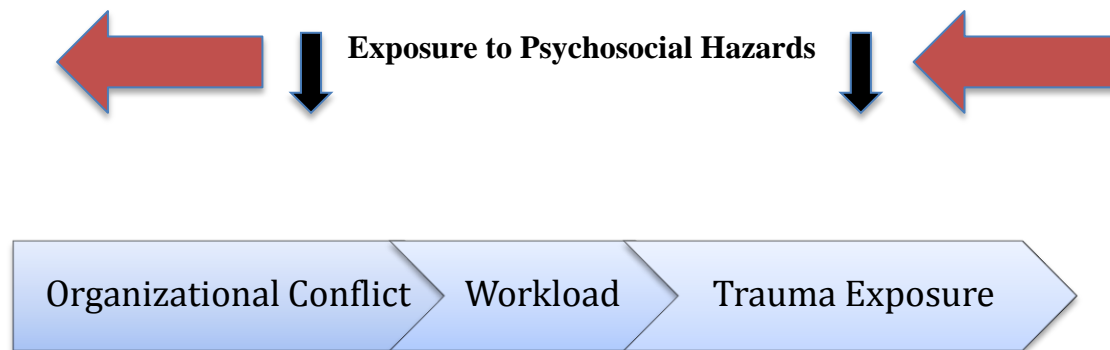
Participant Eight recounted a story where they displayed this tendency to assume deviancy in others. The respondent noted while working alongside a friend completing renovations on their cottage the respondent recalled their friend repeated the same story twice during their conversations. When this occurred the respondent advised they never told their friend they were repeating the story rather they listened to the story a second time in hopes of finding any discrepancies, “you know, just to make sure he was telling the truth, because that’s what we do, right, as POs.” Interestingly, Participant Eight never self-reflected upon a fact checking process and the assumption of potential dishonesty by their friend was completely normalized within their worldview. Participant Two documented how the transformation of their worldview negatively impacted relationships with peers and more generally with others, resulting in their self-imposed isolation from potential support systems:

So as POs we’re becoming deviant because the more we’re exposed to them [offenders]...I’ve seen so many of my fellow probation officers who have become, quite in my opinion, deviant. Not to the point where they’d ever become criminally charged but you know lying...I would file that away as you’re deviant just like my offenders and then I wouldn’t associate with them...I’m starting to see it in myself that you’re really able as a PO to identify deviancy very quickly in your personal life and people who might be manipulating you or taking advantage of you and I know the way I cope with it is I just close myself off because I don’t want to be at work any more than I am.

Participant One described their worldview transformation as a loss of their former self, articulating the change as a “loss of innocence.” Severson and Pettus-Davis (2011) found this same loss of innocence within their study population of parole officers who supervised sexual offenders and related this loss of innocence as a consequence of trauma exposure. Participant Seven characterized their worldview change as a transition to a more cynical world outlook, “I’m very sarcastic apparently and getting more so.” Participant Five acknowledged their worldview change as a shift in their general persona, “I know that the job itself has so changed me in the way I present myself...now I answer pretty direct, so it affects me every day.” Participant Two recognized the cumulative transformative effect of probation work on their world view, “all of it combined together and slowly eroded my, I guess good nature over the last almost 15 years, and it’s not one particular incident but a culmination of so many things that...it just degrades your soul.”

As articulated by the respondents, shifts in their worldview resulted in isolating behaviours, which presented as a significant barrier to the respondents fostering support systems to help them manage the psychological and emotional reactions associated with CIs. As evidenced by the examples shared via the respondents, dissatisfaction with role definition and erosion of peer supports, in conjunction with pervasive changes in worldview, significantly influenced the outlook of POs within the workplace. This transformation directly influenced their willingness to engage with others. Via the interview process the respondents identified other significant aspects of probation work that ultimately influenced their capacity to cope when faced with a CI and these elements were captured within the emergent GT, which will be investigated further in the proceeding sections.

## 4.5 Psychosocial Hazard Exposure



*Figure 3. A GTPO - Stage Two*

The respondents located specific workplace dynamics that they subsequently identified as potential psychosocial hazards. The respondents reported such hazards were elements of probation work and corresponding office dynamics that impacted their ability to cope more generally within the workplace, and specifically with CIs. Exposure to psychosocial hazards was an important process of the GT. The respondents remarked as they continued to move through the process of transformation, subsequent isolation exposure to psychosocial hazards was ongoing and the impact of these exposures served to further fuel their transformation. As a result of this cycle POs were psychologically taxed, lacking in supportive relationships, and were generally isolated within their workplace which in turn further eroded their ability to manage to cope with CIs. Within this theme the respondents identified three subthemes; (1) organizational conflict; (2) workload; and (3) exposure to trauma.

**4.5.1 Subtheme one: Organizational conflict.** The respondents located two contributing elements to organizational conflict, being conflict between staff and

management and conflict between staff. Management conflict will be explored first. The respondents reported the failure of management to appropriately address psychosocial hazards, coupled with the observed general inefficiencies associated with poor management, resulted in the respondents subscribing to negative sentiments towards their existing managers which the respondents suggested contributed to organizational conflict. In turn, the respondents described experiencing ongoing organizational conflict as significantly distressing enough to label this subtheme as a psychosocial hazard. The respondents submitted that management conflict diminished their capacity to cope with existing psychosocial hazards. Management conflict contributing to POs stress levels has been a common theme identified within the existing literature (Gonzales et al., 2005; O'Donnell & Stephens, 2001; Simmons et al., 1997; Whitehead & Lindquist, 1985). Unique to this study, the negative interactions with management identified by the respondents resulted in the respondents feeling unheard within the workplace and unsupported. Through this transformative process of identifying psychosocial hazards to management, management's failure to be responsive, and the ensuing lack of trust of management by the respondents, they were conditioned not to view management as a viable resource for when they required help or support. This presents as a significant barrier in relation to help seeking and further serves to isolate POs within the workplace.

Due to management conflict the respondents submitted their frustration and anger over unresolved and poorly managed psychosocial hazards resulted in them not recognizing managers as a potential support system. Participant One provided a general observation regarding the quality of current management and their ineffectiveness at addressing issues originating within the workplace:

It's just the way management have managed the office for years, sort of neglected it, it's so hard and I'm struggling...every day the job itself, I don't mind, it's the employer, it's policies, the way it hires, all the workload issues that go on, all the things that just kind of get shoved to the side....this is what makes this job difficult, I find that it's the employer itself, there's a lot of road blocks put in, a lot of conquering and dividing...it's not the offenders in the office, it's the employer.

Alternately, some respondents advised when they had initially outreached to management seeking help or support in respect to their experience with psychosocial hazards, and in turn when they received little to no help, this resulted in the respondents choosing not to seek potential help from management when further exposures arose. This elimination of a potential support system served to isolate the respondents from organizational sources of support as often managers are the first level of organizational response post-CI.

Participant Six identified this inability of management to address ongoing psychosocial hazards and expressed their resulting frustration, "they just keep letting it go... they constantly won't address it." Participant One lamented management "doesn't succession plan, they know it's going to happen, but they don't plan for it..." Within this example Participant One submitted the lack of an appropriate management response to changing staff complements directly resulted in augmented workload for existing staff, thereby elevating their own levels of stress and frustration. This reflection also demonstrated the close relationships between the identified psychosocial hazards. Participant Seven identified the emotions associated with ineffective management practices and positioned such ineffective practices fostered a negative cycle both at work and at home:

We get very upset when we bring our concerns to management and we are told too bad so sad. So, there's resentment, there's anger, there's frustration, we're tired, we come home we're cranky with our families cause we're tired and feeling put-upon. It's just a huge vicious cycle.

The respondents suggested that ongoing management conflict manifested in a lack of trust towards management, which, in turn, negatively influenced their perception of management as a viable source of support. Participant Two described this lack of trust in management, "it's this eroding of trust in management and them really being someone you can go to when you need help...they don't help us when we ask for help." Participant Six echoed the same concerns regarding the lack of responsiveness by management, "the employer's response is very much, go back to work. Quit complaining and go back to work. That's what I find. It doesn't matter what it is." Participant Two conveyed their experienced lack of responsiveness by management into a general distrust towards management, "it just erodes your trust and faith in the employer to care about us." Participant Four also identified the lack of responsiveness from management as representative of their lack of support for POs within the field more generally, "I just believe that our employer does a very poor job of supporting us on the frontline" while Participant Five spoke to their existing lack of trust towards management, "management does not have your back, at all, management is out there to crucify everything they think you are doing wrong even if you are not." Participant Eight recalled a negative encounter they experienced when having sought help from management post-CI and the subsequent lack of support they received from management:

My manager at the time when this was going on was not a very compassionate manager. He'd go into work and he would do his job and his door wasn't open for

staff to go in when we had a problem...So, I worked under a lot of different managers over the years and that particular manager I wasn't very fond of...I don't think they did a very good job in providing any support or anything at all.

Within the current probation workplace management serves as a gatekeeper for many organizational resources associated with post-CI interventions. Due to existing policies POs are prevented from directly accessing certain supports unless the initial contact was made via management. When POs are reticent to approach management for support, based either on their lack of belief in the effectiveness of management or due to a general lack of trust in management, or a combination of both factors, the resulting disengagement with management can result in appropriate organizational resources not being resourced or activated. Ongoing management conflict significantly isolated POs from existing organizational supports. Eroded relationships with management, a lack of trust towards management, and previous negative experiences with management, served as a significant barrier for the respondents to seek support from management post-CI.

A theme identified by the respondents, within the subtheme of organizational conflict, which added to strained relationships between workers and management was the organizational process by which POs' case management skills are assessed. The audit process is an assessment mechanism employed by management to ensure POs employ appropriate case management practices and that policy is adhered to. POs are subjected to this ongoing review process during the course of their employment and receive structured feedback in relation to their quality of work from randomly selected files meant to be representative of their work product. The audit process was recognized as a significant source of workplace stress for the respondents. They characterized the audit process as subjective,



punitive, overly focused on administrative priorities, and generally ineffective in encouraging staff. While there has not been a robust study of the audit process in relation to probation work within the literature, Gonzales et al. (2005) did find the failure of managers in providing positive feedback as a source of occupational stress. White et al. (2005) noted diminished expectations over managerial feedback were endorsed by POs who were able to sustain high levels of performance, thus suggesting a decreased reliance on the feedback supplied by management. Within this current study, the audit process, and by extension, managerial feedback, was located by the respondents as an organizational practice resulting in significantly increased stress levels. This is a unique finding and an important contributor to increasing organizational conflict, which has already been discussed in relation to its outcome of increased isolation of POs within the workplace and in erecting barriers to help seeking.

When considering the audit process Participant Seven described the emphasis on highlighting minor mistakes versus acknowledging the overall quality of work done, “audits, it’s all negative, it’s all about mistakes, no where does it say good job, look at what you did, it’s like great, it’s all negative; can we not ever acknowledge that we do good work.”

Participant One shared similar sentiments regarding the audit process, locating it as a process that lacked supportive feedback with an overemphasis on arguably insignificant elements:

You know so I really took a lot of care and I was very proud of this [file], and they chose to audit it and I said Great audit it, and you know what everything was good, and in the comment section it said great writing and great analytical, great assessment of the situation, great recommendations, however there was one spelling mistake, and I’m thinking oh my god why could she not have just told me, if I

wanted to be corrected like why would you put something that goes in my file, first off you give me this glowing review and then you say I have a spelling mistake. You know like I thought what a stupid comment.

Even when audit feedback was positive, the respondents continued to be wary of the audit process as exemplified by the ensuing reflection from Participant One:

It's just nonsense like that, like very subjective comments, like very punitive, punitive type audits. Even though they have substantially reduced my audits within the last year because I have met standards and the final mark comes out good but the comments are like, I don't even want to read the comments.

The respondents described feeling anxiety and stress when awaiting audit results and subscribed to the belief the audit process would not favorably reflect the work they had completed. Participant Seven articulated the emotionally taxing nature of awaiting audit results, "every time I write an X report I'm fearful for my job and that's ridiculous but I'm not gonna lie that's the feeling. I wait to find out what management is gonna come back at me for." Participant Six described similar feelings of worry when pending audit results were forthcoming, "the stress of worrying about when you get your audit feedback, the stress of opening it."

There was a clear relationship identified between the audit process and the subtheme of organizational conflict. The respondents purported management did not fully understand the work requirements of POs, resulting in negative audits and ultimately further alienation between management and POs. Participant Five spoke to the disconnect between organizational expectations identified through the audit process and POs' understanding of case management:

I don't want to read the assessment they do on a regular basis, for years I haven't looked at them because I am so discouraged, ticky box this, ticky box that. I write in my style from my experience and I put down information according to this and it would seem the people who are doing these reviews don't understand how to read a case note, don't understand case management and don't understand how to read a picture of how the case presented that day with all the risk factors written in.

Consequently, the respondents did not trust manager-based feedback via the audit process, which further served to intensify its relationship to the interconnected subtheme of organizational conflict. The respondents relayed a preoccupation with comments provided by management through the audit process that buttressed this belief, which in turn coloured the entire audit process for the respondents as unreliable. Although the audit process was conceived as a tool to provide constructive feedback to POs this process was summarily characterized by the respondents as an overly punitive process resulting in workplace stress, increased organizational conflict, and by extension further isolation of probation staff.

Organizational conflict was also characterized by the polarization of staff within work environments. The respondents noted the tendency of management to earmark certain staff, who were viewed as non-confrontational, to relay information on their behalf to the entire office, thereby alienating other staff in the process. The respondents also identified having to provide coverage for staff on leave from their job for various reasons, leading to resentment and ultimately staff conflict. More generally, researchers have highlighted staff conflict as a contributing factor to occupational stress (International Labour Organization, 2016; Leka et al., 2003; Way, 2012). This study supports these findings and specifically locates staff conflict as a contributor to poor peer relations, which in turn, can impact the quality of peer

supports available to POs should they want to seek help via informal debriefing with peers post-CI.

When considering staff conflict as part of the larger subtheme of organizational conflict, Participant Five described the phenomena of management utilizing certain staff to relay information, versus utilizing appropriate venues such as staff meetings or official staff communications for dissemination of information, and the ensuing staff conflict:

There are only two of us POs in the office and the other PO is the golden staff and that is extremely obvious even though she is the junior officer, it is extremely, like, bold faced evident that consultation about office issues, management issues, whatever issues that need to be consulted between the two offices, management is discussing things with this staff and they are giving me direction from management, like what the hell? I am the senior officer by decades and I am completely out of the loop because management is playing favorites in a lot of different ways and this golden staff can do no wrong whatsoever.

The respondents expressed a belief such staff were chosen by management for these privileged positions due to their willingness to complete tasks other staff might question. The respondents referred to such privileged staff as “company hacks.” Participant One characterized these staff as individuals who actively undercut colleagues in the hope of currying favor with management. The respondents submitted this contentious dynamic is employed to ensure there is a complement of staff willing to engage in difficult or problematic work such as completing work within timelines not supported by policy, taking on extra duties not normally associated with probation work, or taking on files with pieces of work missing or not completed.

It's almost like they use staff against each other right? Like I call them the company hacks, you know? These people who jump how high? They'll do anything to get promoted right? They'll do anything to push. Those people, they'll do the dirty work. Or they'll use contract staff which they don't have much of a choice right because they really keep them on a short leash.

The polarization of staff further cemented the erosion of peer supports and isolation of staff as discussed in the first stage of the GT. Participant Three expressed a belief of favoritism on the part of management, noting "other factors are the tensions in the office, when you look at a pattern; if the pattern persists then it's not simply your interpretation, if favoritism is given to one and not the other, that's a problem." Consequently, the ongoing alignment of management with certain staff created workplace environments rife with staff conflict. As Participant Two surmised, "I think the staff is a challenge depending on the group of people you work with." In addition to general staff conflict, the respondents acknowledged poor collegial relationships resultant from a lack of teamwork within offices.

The respondents identified the expectation to provide workload coverage for absent staff as a major workplace stressor, which in turn fostered staff conflict and was interrelated to the psychosocial hazard of workload. Participant One spoke to their experiences of having to provide coverage for coworkers who selectively chose to engage in extra training opportunities noting, "they're getting the offset while the rest of us are picking up their work...we have someone who does a lot of training...people are just upset because they feel because of her now they have to pick up extra work." The process of certain staff electing to attend non-mandatory training was reported to be negatively perceived by the respondents and located as a contributor to increased workload, and by extension, stress levels.

POs enlisting in professional opportunities presented another occasion where case loads were managed by existing staff for indeterminate periods of time resulting in increased workload demands, which fostered negative feelings, which in turn augmented levels of organizational conflict. Participant Six relayed the vexation associated with colleagues engaging in professional opportunities seemingly with detrimental outcomes for remaining staff. Although coverage is generally arranged when staff members chose to engage in professional opportunities, Participant Six identified the inherent inadequacies in having a staff complement added remotely to an office, questioning how effective this coverage would be:

They're proposing this here thing where they're going to put a tenth of a position in as a workload, to balance the workload when X program starts. They're proposing that they're going to have that remotely. Well what is a tenth of a person one day of a week somewhere else in the province going to do for me? Nothing. I don't know what they're going to do, they're going to circle jerk or whatever. They're not going to be able to do a collateral, they're not going to be able to do a case note...you know they're not going to be able to do anything that's going to help to reduce my workload personally.

Participant Seven identified the process of accommodation as another factor in workload distribution that resulted in increased organizational conflict. Accommodation is the procedure whereby existing staff may have a reduced workload due to medical or other considerations. Participant Seven expressed the resulting negative feelings associated with workplace accommodations. Within this example, staff conflict resulted from a lack of resources being utilized to address staffing shortages:

For example, we have an officer who for a couple of years now has been on a 70% workload reduction but that 30% has not been backfilled. They just dumped on the remaining office. In a four-person office, 30%, that's an extra 10% in everybody's workload and it's just sucked up.

Hence, through staff engaging in professional opportunities or when in receipt of individual accommodations, other coworkers are faced with increasing workload demands resulting in the potential for increased organizational conflict. Additionally, staff conflict can result from the polarization of staff within the workplace due to certain staff receiving privileged status. Informal debriefing with colleagues as a beneficial support mechanism post-CI will be discussed in depth within the ensuing sections of this chapter but it is important to highlight that existing staff conflict can serve to dissuade POs from forming close relationships that could be called upon for support when the need presents. Consequently, when staff members are polarized and in conflict, the potential resource of informally debriefing with peers is diminished while the presence of organizational conflict can result in augmented stress for the employee.

**4.5.2 Subtheme two: Workload.** The respondents identified workload as a significant psychosocial hazard resulting in psychological strain. Workload was interrelated to the subtheme of management conflict and ultimately trauma exposure within the GT. This finding was in-line with previous research investigating stress in relation to probation work. Simmons et al. (1997) studied the influence of job-related stress and job satisfaction in relation to POs' inclinations to leave the field of probation and found situational factors such as excessive paperwork, inadequate support from management, and unrealistic deadlines as not only contributors to job-related stress but that these factors also negatively influenced PO

job satisfaction. Gonzales et al. (2005) found the three largest sources of stress for POs were high caseload numbers, paperwork, and deadlines, which often resulted in POs not having the time to effectively supervise their caseloads. O'Donnell and Stephens (2001) suggested increased workload demands were related to both psychological and interpersonal strain while White et al. (2005) identified unmanageable workload demands as a major occupational stressor, and Whitehead and Lindquist (1985) located overload in relation to workload demands as a contributor to job stress.

Within this study the participants also articulated a link between increased workload demands and their decreased ability to work concretely with the offenders they supervised. The respondents suggested that ongoing workload stressors were amplified by a lack of resources to effectively support them in meeting workload demands, which they suggested hindered their ability to do good work. The respondents described feeling exhausted on a daily basis due to their workload and experienced sentiments of anger, resentment, and frustration over the lack of response by the organization to workload concerns. Unique to this study was the emphasis on organizational responses to identified workload issues and the importance given by the respondents to management derived support for workload concerns.

The respondents noted workload demands further influenced the transformative nature of their role, moving from offender-centred work to prioritizing the administrative aspects of the job, resulting in increased workload demands unrelated to offender interventions. Participant Three described this trend stating, "We lack resources for our offenders, workload is insurmountable to where I think I can't spend enough time with my offenders, as much as I would like to." This reflection highlights the difficulty POs experience in reconciling their belief in what probation work should be in contrast to the contextual realities of the work,



and relates to the previously discussed subtheme of organizational change. Participant Six articulated the stressors associated with workload demands, and illuminated how ongoing workload demands shape offender-PO interactions:

Well the caseload, the workload, and so the amount of work that they want you to do on a case just to get set up it takes such a great amount of time so that you're not seeing the offenders ...you gotta keep moving through. You gotta keep cutting people off. You gotta get to this paperwork. We gotta get this down and so you're undermining that initial contact with them because I don't care what you've got to say, I've got to get through these five steps and I've got half an hour and that's all I've got, and the whole thing, the workload crisis in corrections is evident.

Participant Seven moved beyond the negative impact of workload demands on offender-PO relations and recounted how workload demands touched their personal life:

Workload became what I consider out of hand. So yeah, it affects me. I take it home with me. I wake up, I don't sleep well then I'm thinking did I remember to do this, did I forget to do this? I will sometimes call my voicemail and leave myself a message, I think you forgot to do this, make sure you follow up first thing in the morning.

As previously noted within subtheme one, it was suggested when the respondents brought their workload concerns to management there was a lack of corrective action which reinforced the belief management did not care for their emotional well-being. Participant Seven recalled an experience of identifying workload stressors and the lack of corrective action taken to address such stressors resulting in negative emotional outcomes:

I know that I had been to my manager and complained about the numbers. I know that he was very aware. I had even been out drinking with him and he knew exactly how I felt about some of the stressors. The next level management up...came to our office for a staff meeting and we were talking to them about caseloads and about the stress and about how it was affecting us all and how something needed to be done because we were all slowly going crazy. And I literally broke down and cried.

Alternatively, Participant Two recognized the positive outcomes when management effectively managed workload concerns, suggesting when corrective action was taken stressors associated with workload demands could be alleviated:

But I do feel like he [manager] did listen to me and said okay well let's bring this up at the staff meeting and see what kind of ideas we can put together to see if we can alleviate your workload. Like never has a manager ever said anything like that before to me, so, I felt that was very supportive.

Embedded within this example was the opportunity seized by management to address workload resulting in increased positive relations between management and POs. When management is viewed as a reliable support in relation to workload concerns, then arguably one can assume POs will be more likely to approach their manager when seeking support in the future. Therefore, organizational responses to workload can either augment existing organizational conflict or have the potential to strengthen relationships between management and POs.

**4.5.3 Subtheme three: Exposure to trauma.** The final identified psychosocial hazard was that of exposure to as trauma. This element of the GT was foundational to capture a defining aspect of probation work; being witness to ongoing trauma. Workplace traumas

included offender suicide, death or violent recidivism, exposure to traumatizing secondary materials such as police reports, witness statements and victim testimony which specifically included the recounting of traumatic events, witnessing offender-based violence and substance abuse, and listening to offender-based stories of childhood trauma and victimization. Further, the respondents acknowledged a culmination effect of ongoing exposure to trauma, compounded by exposure to multiple CIs in the workplace. The respondents denoted it was not the first offender suicide or exposure to traumatic secondary materials that resulted in a particular incident meeting the threshold for a CI, rather the ongoing exposure over time. The respondents described this ongoing exposure as vicarious and identified a link between cumulative exposures and their capacity to cope.

Current research focused on the relationship between exposure to workplace trauma and psychological impairments has found such exposures result in varied psychological reactions and impairments. Exposure to trauma has been recognized as a significant psychosocial hazard resulting in numerous psychological impairments such as indicators of compassion fatigue (Steed & Bicknell, 2001) or burnout (Cieslak et al., 2014; Farrenkopt, 1992; Iliffe & Steed, 2000; Perez et al., 2010); emotional distress (Cornille & Meyers, 1999; Pearlman & Mac Ian, 1995; Regehr et al., 2002; Sandhu, Rose, Rostill-Brookes & Thrift, 2012); and somatic responses (Farrenkopt, 1992; Fincham et al., 2008; Iliffe & Steed, 2000). In relation to probation work Lewis et al. (2013) found PO exposure to challenging caseload events, such as violent recidivism or offender suicide-events similar to the ones identified by the respondents within this current study, resulted in higher reports of psychological strain in the form of compassion fatigue and burnout. Parole officers surveyed by Severson and Pettus-Davis (2011) reported feeling victimized by reading secondary materials in relation to

the crimes committed by sexual offenders. Results from this current research project affirm exposure to occupationally derived traumas as a psychosocial hazard. The respondents reported that such trauma exposures negatively influenced their ability to cope within the workplace and suggested a cumulative effect, due to exposures over time, amplified the psychological impairments associated with trauma exposure. As will be further explored within the discussion of this subtheme, the relationship between trauma exposure and the ability of POs to cope, can significantly influence how POs experience CIs and their subsequent adaptations post-CI. In combination with previously discussed psychosocial hazards, exposure to trauma is a substantial factor influencing the emotional well-being of POs within the workplace.

In discussing exposure to traumatic events the respondents acknowledged the pervasive impact of such exposures and the cumulative effect of such exposures, as surmised by Participant Two:

There are so many things that have happened. For me it's been a culmination of everything, I can't think of one offender death, one offender suicide, one homicide, one really bad terrible act that did it, but it was the sum of the parts right? And there were lots of bad things. It's like second hand, or that's how I interpret it, it's either reading about trauma over and over again or hearing it or someone speaking about their really negative childhood experiences and even though we are not witnessing it, its still affecting you vicariously right, it's the sum of its parts. Like I said in the beginning, it's not just one death...I've probably read about a hundred, two hundred, a thousand different things...but I've read and heard and discussed these things thousands of times and that has affected me.

Participant Three discussed similar experiences with exposure to psychosocial hazards resulting in a cumulative effect and also labelled such exposures as vicarious:

So for me the big one that stands out was it was an accumulation of critical incidents, what happened was in x year I had five offenders die in one year of suicide and overdose and there was a lot, like one after the other after the other, it felt like every couple of months somebody was dying and in a lot of cases I was the last person to see the offender...I mean reading those materials, so I didn't see my offender hanging but I heard about it so that's the secondary piece. There's the vicarious trauma stuff too where we're hearing all these traumatic stories too from our offenders and how that impacts us and the police reports that are gruesome and all that sort of thing. Every now and then there's that case that really sits with you...that's a secondary traumatic experience.

Respondents who resided in remote communities described unique experiences with psychosocial hazards as described by Participant Eight which resulted in first hand exposures to trauma as well as exposures to vicarious trauma:

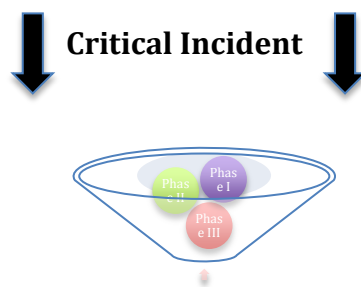
In the remote community I witnessed some violence, some amount of violence, there was a lot of drinking. When the offenses were committed they were often more serious offenses because people would be drinking, they would be inebriated and often the fights were, there would be weapons involved, maybe a knife, stabbings, that sort of thing would happen.

Therefore, exposure to vicarious traumatic events or secondary materials resulted in the respondents having to cope ongoing with the negative emotions associated with such exposures. Moreover, the respondents acknowledged the cumulative effect of experiencing

traumatic events, which in turn amplified their experiences with secondary trauma.

Considering the transformative nature of probation work, the erosion of peer supports and schematic change, coupled with the taxing nature of exposure to psychosocial hazards such as organizational conflict, workload demands, and exposure to trauma, when POs are faced with workplace CIs they are already emotionally labile. As POs described their CI experiences it was apparent these previously discussed antecedents negatively impacted their ability to cope post-CI and influenced not only their decision to seek help but also served to augment levels of post-CI isolation, anxiety, avoidance, and psychological impairment. This transformative process will be fully explored within the following section.

#### 4.6 Workplace Critical Incidents



*Figure 4. A GTPO - Stage Three*

Each respondent identified having experienced multiple CIs during their tenure as a PO. The respondents characterized a CI as a workplace experience outside the norm of daily probation work, resulting in negative emotions, long-term psychological impairments, and the utilization of certain adaptations to help the respondents cope with the impact of such CIs. As previously noted the majority of the respondents experienced more than five CIs within their tenure as a PO, echoing current research findings documenting the increased frequency of CI exposure as experienced by other front-line workers (Alexander & Klein,

2001; Brazil, 2017; Harris et al., 2002; Regehr et al., 2002; Regehr et al., 2003; Sattler et al., 2014; Ward et al., 2006) and more generally high-risk occupations (van der Ploey et al., 2003).

The respondents' definition of CIs was in line with Mitchell's (1983) seminal definition of occupational CIs; however, the respondents noted having experienced their CI in three distinct phases. Though the aspect of experiencing an acute phase immediately post-CI followed by long-term reactions was discussed in Skogstad et al. (2013), the identification by the respondents of phases post-CI is unique to the probation context and has not been explored within the literature to date. As explained through the GT, the respondents were already emotionally taxed and isolated as a result of their transformative experience within the probation workplace and consequently, when faced with multiple CIs, as well as continuing exposures to psychosocial hazards, the respondents' ability to cope was severely compromised. This funnel effect, whereby the respondents experienced a CI and then funneled through three distinct phases post-CI, ultimately resulted in the respondents having to adopt certain adaptations to manage their resultant posttraumatic impairments.

The first phase of CI exposure involved the respondents' in-the-moment responses to the CI or "peritraumatic" responses. The second phase included the respondents' reflections and actions in the hours, days and weeks immediately following the CI, including meeting any post-CI organizational demands. The final phase included the manifestation of various outcomes associated with their CI experience in their daily lives. This division into phases is significant as it identifies the path POs travel post-CI, which can facilitate targeted interventions at each distinct phase. Being able to anticipate how POs respond post-CI can

help inform organizational responses to ensure the most effective resources are offered to POs at the different phases of their CI experience.

**4.6.1 Phase one.** During the first phase of CI exposure the respondents' peritraumatic responses, characterized as the varied physical and psychological reactions experienced by the respondents during and immediately following the CI, were diverse. This subjective experience has been shown to influence the subsequent development of PTSD symptoms and other psychological impairments in front-line worker populations (Birmes et al., 2003; Declercq et al., 2011; Green et al., 1990; Marmar et al., 2006; McCaslin et al., 2006; Ozer, et al., 2003). When asked to recall their peritraumatic responses the respondents noted shock was common, as was uncontrollable crying, an inability to focus, emotional stress, hyperarousal, the slowing of time, feeling faint, increased heart rate, and the realization by respondents that they were experiencing a crisis but feeling incapable of responding to said crisis. Respondents often identified feeling disassociated from the CI and experiencing an "out of body experience" typified by feelings of disbelief, denial of the event, and questioning of their experience. Thus, the respondents' peritraumatic responses of stress, hyperarousal, and disassociation, mirrored many of the noted peritraumatic responses experienced by traditionally studied front-line worker populations such as police officers, paramedics, firefighters, and military personnel (Declercq et al., 2011; Halpern, Maunder, Schwartz & Gurevich, 2011; Marmar et al., 2006; McCaslin et al., 2006). Notably, these peritraumatic responses have been found as possible predictors of future psychological impairment post-CI (Birmes et al., 2003; Declercq et al., 2011; Halpern, et al., 2011; Marmar et al., McCaslin et al., 2006). As such, the finding that the study respondents experienced similar peritraumatic responses as typically well researched first responder populations is



significant considering these peritraumatic responses are viewed as predictors of PTSD and future psychological impairment. Consequently, further investigation and research is needed to better understand the risk factors for the development of such impairments in PO populations.

When considering the identified peritraumatic responses experienced by the respondents, Participant One described the disassociation and shock they suffered post-CI and the subsequent inability to process what had transpired:

I had never imagined in my life you can freeze like that, that shock can actually make you freeze, I wanted to do something but I couldn't because the brain, something not right had happened, the brain couldn't resolve it, so it froze...I was paralyzed, I was in shock, my body was outside of me...So my brain, this is the first time where I've experienced something out of body where I went into shock. I knew something wrong had happened, I knew this was not right, but I couldn't connect it yet and then he's [offender] completing acting like jolly, "okay so where do I go", he asks me, I said "okay you go to your left" and he sits down, and I sit down and I'm still having this out of body experience...it's like literally racing through my head and everything is happening, probably all of this happened under five minutes...I cannot explain this until it happens to someone? They could not understand...because I wasn't thinking right because I was injured in the brain.

The experience of shock and emotional stress within the moment of the CI was common amongst the respondents and added to the surreal nature of event. Participant Eight described the overwhelming shock they experienced during their CI and their subsequent inability to cope with the stressors associated with their experience. Within this scenario the participant

was on their way to the hospital to visit their child who was ill, when they learned of their offender having committed a murder:

We're driving into town and my X said X had been shot and I immediately thought of this offender...I didn't even hesitate on it, I thought oh my gosh, there's something really weird about this so when I got to the hospital I called the jail, they told me the name and I basically started to cry, I knew right away that I was right, that's how it was, and I was in total shock at that point...my child was ill, I was trying to focus on them, but I was, I think I had some kind of traumatic, I don't know some kind of breakdown, I went into shock, my X knew something was wrong and I just basically told them I know the person who shot X and I was just lost.

Beyond shock, the respondents identified various emotional responses they experienced during the CI, often resulting in their initial inability to process the impact of the CI. Participant Six described the encompassing nature of their CI and the emotional toll of the experience. The participant articulated the in-the-moment realization they were experiencing a CI and acknowledged a concurrent inability to govern peritraumatic responses. Compounding the participant's experience was their concern surrounding how bystanders perceived their reaction to the CI:

Number one you're on high alert...so you're emotional, your emotions are all over the place, you're crying and then some police officer says something to you and you laugh about it, so you have people driving by staring at you and they know who it is, they know who works there all of this stuff and the lucky thing is that maybe you have a police officer that's from your community that knows you, that knows you're not crazy, that this is not how you respond to a crisis, that at the time it's very

stressful, you're crying, your heart is beating fast, your blood pressure is elevated, you feel faint, you haven't eaten, you haven't drank anything, you should have something to eat, you should have something to drink, you should calm your breathing because you're dealing with the crisis, right.

**4.6.2 Phase two.** As respondents moved into phase two of their CI experience there was a shift in focus from recognizing their initial, peritraumatic responses to evaluating the CI, seeking validation of their experience, and attempting to balance their continued processing of the event with immediate work demands. The respondents reported the phenomenon of seeking external validation of the CI from management, colleagues, and other justice personnel as a means to confirm their lived experience. This process of validation seeking was specific to the second phase of the CI experience and a unique aspect of this study. The level of affirmation received from external sources was identified as an important contributor to how the respondents felt immediately after the CI. Researchers studying probation work have traditionally focused their investigation on the rehabilitative and punitive elements of offender supervision, the administrative aspects of probation work, and the investigation of psychosocial hazards associated with probation work, such as burnout and exposure to secondary trauma. To this writer's knowledge there has not been a systematic investigation of occupational CI exposures within the probation field as compared to the study of this phenomenon in other front-line populations. Consequently, how POs experience the second phase of their CI begins to lay the foundation for understanding the CI experience within this worker population.

The respondents recalled having reported their CI to police personnel and the subsequent questioning of their peritraumatic responses by police with the suggestion the respondents

were partly to blame for the CI. Additionally, respondents noted police responses either minimized their experience or were lacking in sensitivity. Participant One recalled an encounter with police while filing a police report post-CI, the subsequent lack of validation received, and the minimization of that lived experience:

I called 911, two trauma cops show up fairly quickly and I'm telling them this and I'm taking really fast and I know I'm talking really fast and one of them bursts out laughing. And he says, "he did what" and he asked how come you didn't smack him, how come you didn't like...are you out of your mind? You just let him in your office? And so as I am telling this they're not taking any notes, they're just sitting there, they're treating me like a colleague, you know, like this is a fucking big joke, you know...they made like weird comments, you know what I mean? Zero validation from them.

This lack of validation from external sources was fundamental in diminishing the perceived seriousness of the CI resulting in the participant not receiving immediate succor from sources normally considered a support for POs. Participant Five spoke to the same lack of validation when recalling their experience of reporting their CI to the police. It was their belief this poor response from justice personnel would result in a lack of appropriate action being taken to investigate the CI:

I did go to the local police station in order to file a report with them and it was embarrassing, it was completely embarrassing because the police officer taking the report was obviously uttering disgusted I was wasting his time making this report...and it was very obvious this follow up would result in nothing happening.

This lack of validation served to undermine the participant's experience and suggested the CI was not considered serious enough to warrant an investigation. Through failing to validate the participant's experience, it was communicated to them the CI was not serious, was not significant, and by extension their associated reaction to the CI was inappropriate.

Beyond a lack of validation from police, the respondents identified the importance of sensitivity when addressing their CI. Participant Seven spoke of the experience relaying their CI to a police officer and the subsequent absence of sensitivity they received, "long story short I get a call back and they [the police] just said he's [offender under their supervision] gone and me being stupid and not thinking I say gone where? And they said he's fucking dead, it's like whoa, okay, there's some cop sensitivity." Through a lack of sensitivity in addressing the lived experiences of the respondents increased their perception that although the CI was formative for them, others discounted the significance.

The respondents reported that this lack of validation was not limited to external sources, but also occurred within the workplace via their managers and colleagues. Participant Four described how a failure in validating their CI experience served to normalize the occurrence of workplace CIs and shifted the onus of post-CI intervention onto the respondent. Within this example it was incumbent on the participant to learn strategies to manage posttraumatic reactions versus the organization addressing the contextual contributors associated with the CI and providing support:

You talk about what happens, it's a stressful incident of having someone come across your desk with the intention to hurt and harm you, and there was nothing, the boss didn't come and talk to me. Nobody came and said are you alright? Nobody wanted an incident report, nobody wanted anything, I hadn't got hurt right? So that

was sort of the end of it, you're going to have to learn to manage properly and to deal with these people.

Respondents suggested the absence of management and colleagues "checking in" on them post-CI as symbolic of a lack of substantiation of their experience. Conversely, the respondents noted at times it was their colleagues who confirmed their experience when they themselves questioned it. An example of this validation seeking is evident in the experience recalled by Participant One:

I was still in disbelief so I go to my colleague and I tell her, I said this happened, you know what I mean, almost like I can't believe this...I don't know...I guess I'm still denying it to myself...no it was just an accident, he didn't intend to do that to you, you know what I mean? And I tell her this, and she says no, no, you have to call 911 right away, you have to call 911 right away.

Related to respondents' initial peritraumatic responses and validation seeking was their immediate focus on organizational demands post-CI. This was an additional aspect of the second phase of the CI experience. Respondents reported their peritraumatic responses were compounded by the requirement to immediately parlay back into their work role without having had the appropriate time and space to process the CI and determine if they were emotionally ready to re-engage. This was evidenced by respondents spending time searching for police reports related to the CI, responding to information requests from justice personnel, completing required paperwork, and reviewing their case management strategies to ensure no administrative priorities had been missed. Alexander and Klein (2001) in their study of ambulance personnel found the majority of their respondents noted insufficient time was given for recovery post-CI before having to re-engage. Regehr et al. (2002) reported

ambulance personnel required increased time post-CI to review their experience as a mechanism to gain closure and a sense of understanding in relation to the event. Skogstad et al. (2013) located within their sample of police officers that respondents suggested they were given insufficient time post-CI to address the traumatic event which was identified within the discussion as a factor associated with the development of PTSD post-CI. Accordingly, the immediate transition by the respondents back into their work role failed to allow the time needed to process their CI and this finding supports existing research in recognizing the importance of workers being allowed appropriate recovery time post-CI.

Participant Six surmised the impetus to meet organizational demands post-CI irrespective of the emotional toll associated with the CI. The respondent identified the normalization of CIs through pushing forward with work demands, “you’re supposed to go home, go to bed, get up the next day as if it’s a normal work day, go back to work, provide the information, go back to work and do your job.” Participant Eight concisely described the confluence of a lack of validation of the CI from management and the immediate transition into meeting organizational demands:

Well I figured I might you know get somebody like maybe even my manager [to offer support] but it was more about just business. Nobody really came in to say boy you must be really traumatized over what’s happened here, none of the conversations were around that, it was all about the business...you gotta get the incident report out, get it going, they wanted their report because it’s all about the administration, that’s what counts, they needed to get their paperwork done, tick their box and then make sure that I hadn’t missed something...the offender didn’t count, my feelings didn’t count.

Participant Seven discussed their immediate post-CI experience and how it was focused on meeting organizational demands, thereby not allowing time to process the peritraumatic responses associated with their experience:

I called my manager and let him know that unfortunately I was upset, I did cry and said oh my God, you know, this poor guy [murdered offender]. His answer was to take a fifteen-minute break, go for a walk, and get back to work, we need the incident report. How could he? Okay I will just get right back to work, swallow it all down and let's go...I was upset how management treated me, the upset became anger...then you know you have to move on, you've got no choice, you've got 60 other offenders who are depending on you, you've got to keep going, there is no time to dwell, you've gotta get going.

Within this example the negative emotions associated with the CI were not adequately addressed, thereby requiring the participant to cope with the experience by simply returning to work with little thought given to their readiness to re-engage. Participant Four described the same push to meet organizational demands post-CI thereby keeping the focus on output versus processing the elements of the CI, "I spent pretty much my whole day tracking down the police report...I spent a good portion of the day, doing, preparing, and getting this report done so that I could meet the deadlines of the incident report." Participant Eight recounted the stressors associated with mounting organizational demands post-CI and their desire to have some form of help proffered to them, some acknowledgement of the significant impact of the CI they had just experienced:

I was just getting bombarded with phone calls and all kinds of things from different people, from police services, from crowns [attorneys]...but nobody really called to



say do you need to talk to someone? Do you need to talk about this? I was just feeling really out of control, really upset... I'm getting more and more anxious and feeling upset about it, this is really, really serious that it happened and I was waiting for someone to kind of help me out in some way, but it wasn't happening.

Participant Three recalled a failure to appropriately debrief post-CI, specifically due to the perceived pressure of ongoing organizational demands and a general prioritization of workload to the detriment of personal emotional well-being. This reflection is telling as it illustrated the participant's own inability to validate the seriousness of their CI and their failure to validate the event results in inadequate debriefing and insufficient time utilized by the respondent to process the CI:

I would debrief for ten minutes and that's the other piece around workload stuff is that you don't even necessarily have time to process it [CI] because you're so busy trying to get to the next offender and the next offender and the next offender...I might have a ten minute conversation along the way, oh one of my offenders hung himself last night, and it's just a quick thing before you have to bring in the next guy in the line up in the waiting room, like in hindsight I didn't give myself the time that I needed to really debrief through those incidents because I was just so focused on getting things done for the day.

The respondents acknowledged their ability to cope post-CI could become so compromised they had to physically remove themselves from the situation. Participant One recalled an inability to meet organizational demands post-CI due to their emotional state and having to remove oneself from the office environment where the CI had transpired. This

avoidance of the work environment resulted in the participant attempting to process the CI at home without having engaged in any formal supports:

I said listen, my head is spinning, I'm not writing anything right now, I'm sorry, like right now I am not in any position to write anything down, whatever...so I go home and I'm like what the heck just happened, you know what I mean, I couldn't believe it, I just couldn't.

In addition to ordinary organizational demands that are required post-CI the respondents acknowledged at times they were required to complete extraordinary demands that significantly taxed their well-being. Participant Eight described an example of an extraordinary post-CI demand they completed to ensure organizational goals were met. Participant Eight recalled having to meet with an offender, who was in custody after committing a murder, in order to garner a signature for a work document. The lasting impact of this encounter is described below:

I needed to get a signed copy of X and I didn't want to do this and my manager never at the time said you don't have to or give me any other suggestion of what to do, it was just X needs it and that's what you gotta do...so I said okay sign here and it was probably the hardest thing I've ever had to do in my life. I got out and I just broke down in tears and was just very upset about it all and went back and gave that important document to X that they seemed to need and that they didn't seem to feel there was any other way to get that done, that this was the only way to do it and that just angered me more, I didn't think that was right that I had to do that, but I guess it just part of our job duties, we gotta do it no matter what it looks like.

Extraordinary work demands post-CI were not limited to meeting with offenders, Participant Seven recalled their experience of having to provide a death notification and how the call made a lasting impression:

I said to the police you need to notify the daughters, there has to be a death notification [after an offender death] and they said well we aren't going to get to it for a while, why don't you do it? Okay I know that this is not our job but unfortunately that is not the first, nor the last time I've done death notifications. So I had to do a death notification on two family members and that stuck with me.

Therefore, beyond the normal organizational demands post-CI the respondents were faced with extraordinary demands that further strained their existing coping strategies.

A final aspect of the second phase of the CI experience was the inclination of the respondents to question their case management strategies leading up to the CI, searching for any missed clues that, if caught sooner, could have prevented the CI. Similar questioning of case management strategies and occupational actions post-CI has been noted within the literature (Halpern et al., 2009; Regehr et al., 2002) and was present within this study.

Participant Eight articulated this process of questioning their work:

I was just, I don't know, I actually thought to some degree I was responsible partly for what happened. I don't know I was just thinking maybe I should have said something different, maybe there was more that I could have done, maybe I didn't say enough...so I thought maybe I did something wrong, maybe I should have did more, I didn't know.

Participant Three located the stress associated with their CI, which involved an offender engaging in a significant act within the residence of their named victim. Participant Three

articulated the anxiety experienced when reviewing their case management of the file and the potential for a negative audit of their work. Within this scenario the respondent acknowledged the misplaced energy and focus that was utilized when attempting to locate responsibility for the CI within their case management versus harnessing that energy to process and react to the CI. Kita (2015), in a study of parole officers, found an inherent anxiety associated with offender supervision was the constant potential for a case under their management to go “side-ways”, resulting in POs receiving heightened scrutiny post-incident, augmented levels of stress, and the fear of liability in relation to their case supervision. Severson and Pettus-Davis (2011) discussed the responsibility felt by POs in their supervision of high-risk sexual offenders. The authors noted the POs they surveyed suggested they experienced a societal imposed responsibility to prevent the offenders they managed from sexually re-offending while Lewis et al. (2013) reported on the hypervigilance experienced by POs via the over-supervision of lower risk offenders due to an overwhelming sense of responsibility for community safety. This same feeling of responsibility related to actions taken by offenders under their supervision was expressed by the respondents of this study but specifically in relation to their anxiety levels post-CI and identified feelings of culpability for the CI. As Participant Three articulated:

I had to do my incident report and I was most concerned, I started freaking out because he [the offender] was not supposed to have contact with the victim so I automatically, my mind went “oh shit”, it was in the victim’s house and they’re not supposed to have contact, great, so right away it was all about submitting the incident report and going back to my notes and making sure I had covered my ass basically so if there was any question about him having done this in the victim’s

residence I'd be able to defend it, which is pretty messed up if you think about it and that's where your mind goes in a critical incident.

Participant Seven described a struggle with a offender suicide and self questioning of whether they had done all they could have to keep the offender safe. This questioning of case management resulted in the respondent believing they were personally responsible for the actions of the offender, adding feelings of guilt and culpability to their existing peritraumatic responses:

It was devastating...I took it as a personal failure and if I'm going to be completely honest, I still find every death to be a personal failure...I did go what did I do wrong, what should I have done differently, what did I miss, how could I have done this differently, how did I let this person kill themselves?

Participant Four described questioning their case management decisions after an offender suicide and although they followed the advice of professionals involved in the case, there was still a level of self-assigned responsibility on their part for the offender's actions, "I thought about it and I remember having that whole self-talk thing to myself where you called the psychiatrist and you did what the psychiatrist told you to and what else could you have done?" Halpern et al. (2009) studied supervisors and front-line ambulance workers, and found participants expressed similar feelings of responsibility when they were unable to help certain victims during calls to service and subsequent questioning of their professional competence. Within this study when participants experienced CIs that evoked feelings of an inability to help, there was a relationship found between this self-doubt and competency questioning, and their experience of intrusive and avoidant PTSD-type symptoms. In relation to POs, when considering the above noted finding for this current study, it may be beneficial

for managers to understand that when one of their officers engage in self-blaming post-CI that this may be an indicator for that particular officer to be at increased risk for emotional sequelae post-CI.

Feelings of responsibility and blame were not limited to elements of offender supervision. Participant Six expressed feeling responsible for having involved other staff members within a CI and potentially jeopardizing their well-being:

I was directly named in the X, so I felt I had affected or negatively impacted a staff member...I did feel guilt and responsibility because then the potential that you've infected somebody else, so the other person's family, the person, their ability to work, they're coming close to pension.

Another aspect of the respondents assessing their case management work post-CI was the realization of how invested they were with certain offenders, which influenced the impact of the CI. The respondents described feeling invested in offenders who had made significant gains under their supervision and when one of these offenders was involved in a CI, particularly when the offender died, the impact of the CI was amplified. Within the literature researchers have found when front-line worker populations contextualize their experiences with victims, thus creating an emotional identification with them, their families, or their experiences, or when workers contextualize the CI in relation to their own life, family or colleagues, their CI experience was amplified (Brazil, 2017; Bryant & Harvey, 1996; Declercq et al., 2011; Fincham et al., 2008; Fullerton, McCarroll, Ursano, & Wright, 1992; Halpern et al., 2009; McCaslin et al., 2006; Meehan, 2013; Regehr et al., 2002). Being invested in an offender differs from contextualization in that one of the tenets of probation work is to forge and maintain a therapeutic relationship with the offender in order to help

them effect positive change. Consequently, POs not only maintain ongoing contact with offenders under their supervision, but they also engage in significant contact with the offender's spouse, family members, and friends. Hence, POs become invested in the offender and their potential for success while on community supervision. Investment differs from contextualization as the latter involves the front-line worker experiencing a CI with no prior dealings with the victim of the event or their families and consequently they do not have a memory bank of experiences with that individual to reflect upon post-CI. The influence of POs being invested in offenders, who are then involved in a CI experience, is an important finding as managers can then actively survey for indicators of such investment and anticipate that such investment could result in their staff experiencing greater difficulty with their CI. By understanding this aspect of the CI experience, proffering of resources can be increased or tailored to help the PO manage post-CI.

Participant Seven described how their CI experience was influenced by their investment in an offender who ultimately took their own life. Their experience resulted in their recognition of the discouraging realities of probation work:

The suicide itself wasn't, I don't want to say horrific, it was someone very young lost a life...I'd been working very hard with him. He was clean and sober, he had finally landed a fulltime job that looked like it was going somewhere, he had restarted his education, everything was going well and so when he overdosed and lingered on life support for about a week it was absolutely shocking to me...but I worked so hard with this man and he became a whole different person with me ...and when he lost his life of course that was very upsetting to me ... I was upset that my offender died, I know we're not supposed to get personal feelings towards them, I don't know how

that's humanly possible, I care about all of my offenders, so of course I was upset he had died, I was upset why he had died, how he chose to do it...so it was like wow, welcome to this world.

Participant Four recalled their level of investment in relation to a particular offender and how colleagues within their office did not recognize or share that same level of investment:

Your adrenaline is going and you're trying to find out information and this is someone that you've worked with personally and you've helped personally and you feel invested in the whole situation and they're not as invested in the situation.

Thus, as the respondents transitioned from experiencing their peritraumatic responses associated with the CI, to seeking validation of the event, and then focusing their energy to meet post-CI organizational demands, there was little time to process the CI itself.

Compounding this process was the respondents' propensity to engage in self-blame post-CI thereby utilizing their already taxed emotional resources to review their case management strategies. The respondents' level of investment with the offender also influenced the significance of their CI and engagement in any extraordinary work demands created an indelible memory for the respondents.

**4.6.3 Phase three.** Phase three of the CI reflected the various psychological impairments experienced by the respondents as a combined result of their CI exposure and experience with transformation and exposure to psychosocial hazards. The respondents described experiencing numerous psychological and physical impairments associated with CI exposures, including generalized stress and anxiety, sleep disruption, feelings of burnout and compassion fatigue, and physical manifestations of stress. It was impossible to delineate which post-CI reactions were fueled by a specific CI or as a result of lingering issues



associated with repeated exposures to psychosocial hazards as discussed in stage one of the GT. However, the emotional lability of the respondents upon entering the funnel effect of the CI phases as described by the GT, and the compounding of these formative experiences, resulted in discernable and measurable emotional and physical reactions for the respondents.

Psychological impairment post-CI has been well documented within the literature though primarily in relation to first responder populations (Alexander & Klein, 2001; Corneil et al., 1999; Declercq et al., 2011; Fullerton et al., 1992; Fjeldheim et al., 2014; Halpern et al., 2009; Halpern et al., 2011; McCaslin et al., 2006; Menard & Arter, 2013; Regehr et al., 2002; Skogstad et al., 2013; van der Ploey et al., 2003; Ward et al., 2006). The findings of this current study serve to extend the existing literature around probation work by locating the impacts associated with POs experiencing occupationally derived CIs. Having an enhanced understanding of the physical and psychological impairments associated with CIs, if effectively used to inform educational and training curriculums, can translate into POs and managers being able to recognize trauma reactions which may lead to increased help seeking and the normalization of trauma responses. A noteworthy finding of this study was the tendency of respondents to assume their physical ailments were unrelated to their CI experience and more generally the psychosocial hazards associated with their work environment. Often, it was only when they sought professional help that the association was made. The majority of the respondents (seven) reported having sought help post-CI from a physician which can be an indication of POs assuming their post-CI impairments are not linked to the workplace, especially considering that only four of the respondents accessed support via their EAP post-CI. The over reliance on physicians to recognize the signs and symptoms of occupationally derived psychological impairments is concerning as this requires

their physician to be adequately trained in relation to posttraumatic reactions and then recognize these reactions within a subset of worker populations that has not been well represented within the literature in relation to posttraumatic reactions. Additionally, the lack of understanding of the signs and symptoms associated with CIs by the respondents, coupled with their exposures to psychosocial hazards, can result in POs delaying seeking help due to not recognizing the significance of their symptoms or the exasperation of their experience. Additionally, seven of the respondents recalled taking a sick day while only two noted taking an extended sick leave from their employment due to suffering from impairments associated with their CI experience. By extending the literature and translating this knowledge into concrete changes in respect to education and training, there is the potential through early recognition of trauma and subsequent help seeking, that time away from work could be reduced which provides obvious organizational cost savings and benefits.

When considering their CI experience, Participant Three described the psychological impairments they suffered post-CI and the negative reverberations of these posttraumatic reactions within their daily life. Within this scenario the participant coped over time by relying on medication to moderate the negative symptoms associated with their generalized stress and anxiety:

It's impacted me...so as a result of all that I have a panic disorder, it is a life long thing now that I have to manage, it doesn't go away, I have to keep it in check and over the years different things trigger a relapse in symptoms, so you know after the birth of my children, when I'm sleep deprived it would make me more anxious and I would start having heart palpitations again. For the longest time I was able to go without medication whereas now I've been on medication for over a year, this was

after the birth of my third child, cause with three little kids it's kind of hard to sleep and eat properly so it just kind of creates that relapse in symptoms to the point where I was not functioning so it's a lifelong battle now.

Participant Four identified the numerous health issues they have experienced associated with their CI, resulting in serious ramifications to their quality of life. Due to the severity of their health issues the respondent required multiple surgeries to help alleviate their physical symptoms: "I've had all kinds of health issues, in the last five years I've had five surgeries and I have X and I have a hiatus hernia so when I'm extremely stressed my stomach creates more acid and then I don't sleep." Participant Seven recounted their continued struggle with an eating disorder and they correlated this disorder and generalized anxiety as impairments caused due to their CI experience:

I know that I have developed an eating disorder that I am hugely struggling with, of course I thought I was the only one but I've come to discover that in my own area we have two others who have eating disorders, I did not have that before, so yeah it [CI experience] affects me, it has caused some significant health impacts that I'm now dealing with.

Participant Three spoke to their experienced stress and anxiety post-CI and their initial inability to understand and recognize the symptoms of psychological impairment associated with their CI experience. The respondent acknowledged they initially attributed their physical symptoms to having a heart attack. They described their inability to effectively cope with their CI and consequently they avoided their work environment altogether by taking a sick leave:

I think it was probably a few weeks, I didn't recognize at the time I was having a traumatic reaction, the way I can explain it is my body betrayed my mind, I thought I was fine but physically not functioning, I would have these headaches that would last for days and days, I started getting heart palpitations and thinking like oh my God I'm having a heart attack and then I would get home from work and the dishes would sit in the sink and I wouldn't eat dinner and I'd fall asleep and sleep for like 12-14 hours and my alarm would go off in the morning and I was still struggling to get out of bed, I went to see my doctor because I thought maybe I had a thyroid problem or some something physical was happening to me, it wasn't until the doctor said to me, "tell me about your job, do you have a stressful job" that all of a sudden I burst into tears, and I didn't realize it and I wasn't expecting it and it wasn't until that visit that I realized okay this is what's happening, it was at that point that I went off [on sick leave], that was like a few weeks after having those physical reactions.

The respondents' anxiety permeated all aspects of their life, and they described the phenomena of re-entering their work environment as anxiety producing. This finding was consistent with existing research whereby researchers discussed the difficulty employees can experience in re-entering the workplace where the traumatic event occurred (Defraia, 2013). The respondents suggested being within their work environment, where the CI occurred, was triggering, as described by Participant One, "this is what was happening increasingly, I was just dreading going to work, I was becoming very anxious, and I couldn't understand why and that's when it finally dawned on me this place is triggering me." Participant Six spoke to a similar dread when having to go back to work and face the anxiety associated with the workplace post-CI:

Sometimes you're rehashing it and you're going over it and you're not able to change things immediately so it creates then anxiety, you can feel your blood pressure going up, you can feel your heart beating fast, just talking about it I can feel all the stresses, what affects you, then you take some time off, I've been off for the past week, so Saturday you can feel the anxiety building and Sunday night it's like you don't sleep, you know that you're going back [to work].

Participant Five described the profound anxiety associated with attending work post-CI and the isolation they experienced from not having an appropriate avenue to vent their work-related frustrations. Their daily experience with anxiety highlights the transformative nature of probation work, and the shift in initial excitement over employment as a PO to their present day situation of crying each day on the way to work:

I can't tell you how many days of the week that I have to hold myself together before I leave the house so nobody sees me cry and on my way to work I am crying because I have to go to work, I don't want to go to work, and I have to pull myself together before I get there to deal with what I am dealing with...it affects my stress levels, it takes me a very long time to wind down and like I said I sometimes I cry going to work and I very frequently cry by myself in the vehicle and I am venting out loud when I am driving as I have no where else to do it, I am saying "you idiot this, you idiot that" because I am so angry.

Sleep disruption was another identified psychological impairment associated with the respondents' CI experience which affirmed the current literature findings through which researchers have located sleep disruption as an outcome associated with exposure to indirect and direct occupational trauma, including CIs (Defraia, 2013; Fullerton et al., 1992; Halpern

et al., 2011; McCann & Pearlman, 1990; Perez et al., 2010; Regehr et al., 2002; Severson & Pettus-Davis, 2011). As described by Participant One, their CI resulted in significant sleep disruptions, “definitely sleep was affected, sometimes I would dream about it, he’d come [offender who assaulted them] in a dream so obviously the brain was trying to process it and I would wake up.” Participant Three shared similar experiences with sleep disruption post-CI and described their inability to have restorative sleep. Within this scenario the participant is continually attempting to process their CI to the detriment of their ability to sleep “there are some days where I’m staying up at night thinking about stuff or I fall asleep and I wake up in the middle of the night and I am thinking about stuff and I can’t fall back to sleep.” Participant Three further described how a lack of sleep, resultant from their CI, created a snowball effect in their life resulting in a complete inability to cope and the need to take a sick leave:

I kind of got to the point where I burnt out, I ended up having migraine headaches and sleeping all the time and all of that and I ended up going off work, was diagnosed with a panic disorder, it was a lot of stuff at once that resulted and then the final blow was that offender who hung himself after speaking to me.

Participant Two described similar sleep impairments associated with their work and the resulting use of medication to mediate the negative sleep disruptions:

If I have a really bad day it doesn’t take a lot for me not to sleep, if I’ve had any conflict with an offender, like it could just be an argument, I know I’m not sleeping unless I take something to help me sleep, like I have to have a pretty stress-free day in order to fall asleep on my own.

The respondents' responses highlighted how their psychological impairments associated with the CI were not limited to one symptom or one issue. Respondents experienced multiple impairments resulting in a cumulative effect, which often resulted in their capacity to cope being compromised. Participant Eight described feelings of burnout post-CI and the lasting impact of their experience, "that's what I'm gonna say, use the term, sort of burnt me out, it [the CI] marked me, I had a very, very difficult time with that incident."

More focused on compromised offender-based interactions. For example, Participant Two labeled their experienced culmination of negative symptoms as burnout and compassion fatigue. They acknowledged their ability to cope post-CI was so compromised by their psychological impairments that they were no longer able to effectively do their job. This sense of not being able to successfully engage in a helping role has been well documented within the literature. Researchers suggest workers in the helping professions experience a diminished capacity to effect change in client populations due to the impact of their experiences of burnout, compassion fatigue or vicarious trauma (e.g., Farrenkopf, 1992; Iliffe & Steed, 2000; Maslach, 1976; Maslach et al., 2001; McCann & Pearlman, 1990; Sexton, 1999). This theme has also been found in relation to the ability of POs to form therapeutic relationships with offenders under their supervision (Lewis et al., 2013; Severson & Pettus-Davis, 2011). Within this research project seven of the respondents reporting spending less time with offender populations post-CI signaling a significant shift from offender-focused relationship building. Thus, if POs are already experiencing burnout, compassion fatigue or the impacts of vicarious trauma, which has been shown to reduce their capacity to supervise

offender populations, compounded by POs spending less time with offenders post-CI, this trend can translate into serious deficits in relation to offender management.

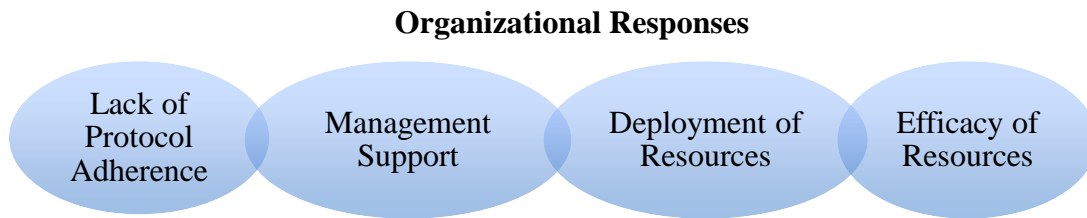
When respondents described an inability to cope, they also discussed their inability to provide compassion towards their offenders and a feeling of being “done.” Participant Two described this phenomenon within the following reflection:

Burnout, yeah, I was burnt out two years ago, and compassion fatigue...I had no work compassion, I was done and I knew, I recognized something bad was gonna happen in that I was going to say something to an offender that was really inappropriate.

Subsequently, as the respondents moved through the three phases of experiencing a CI not only was their physical and emotional health taxed, but also their ability to effectively do their job. The emergent GT provides the beginnings of a theoretical understanding of how POs, who were psychologically compromised due to their occupational experiences, become further compromised, disenfranchised, and ultimately transformed over time due to their exposures to CIs. To better understand the existing support mechanisms for POs within their workplace, and how these mechanisms shaped the GT, the organizational responses to CIs were investigated in an attempt to ascertain the efficacy of such responses and to determine what is working and what is not, post-CI.



## 4.7 Organizational Responses to Critical Incidents



*Figure 5. A GTPO - Stage Four*

Organizational responses to CIs were actions initiated by management to address respondents' post-CI experiences. Within this stage of the GT the respondents had already been exposed to the cycle of transformation and psychosocial hazard exposure as previously explained within the first stages of the GT and had funneled through the three distinct phases of CI exposure resulting in their experience of posttraumatic reactions. At this stage of the GT the respondents articulated their experiences with organizational responses post-CI and how the general inadequacy of such responses pushed them towards the development of primarily maladaptive adaptations.

The respondents perceived the level of organizational response to be synonymous with the level of validation and recognition of the trauma caused by experiencing an occupationally based CI. Accordingly, when organizational responses were deemed inadequate, the respondents were left feeling frustrated and devalued. Within this part of the GT the respondents identified three subthemes associated with organizational resources being (1) lack of protocol adherence; (2) levels of support from management; (3) deployment of resources and interrelated subtheme of efficacy of resources.

**4.7.1 Subtheme one: Lack of protocol adherence.** The respondents submitted that when a CI occurs involving a staff member a report outlining the details of the event can be

required by the organizational. This report is completed by the employee and any witnesses to the event and provides specific details of the event, including the timelines and location associated with the event, employee and offender responses to the event, and highlighting any injuries that may have occurred during the event. The local manager, the broader organization, and members of the organization's health and safety division then review this report. Additionally, the employee may submit WSIB paperwork depending on the severity of the incident, specifically if it included the employee being harmed in any matter. The majority of respondents reported a failure of adherence to established, organizational protocols post-CI and noted often they were not aware of such protocols until much later after having experienced their CI. This finding was significant considering the limited research currently in respect to POs and their experiences with CIs. This finding not only serves to extend the current literature but it also provides insight into the gap of knowledge demonstrated by POs in relation to post-CI protocols. This could provide a training opportunity for enhanced education surrounding post-CI procedures to address this gap in knowledge. Additionally, if POs are formally educated on the protocols to be followed post-CI then when a certain protocol is not adhered to, POs would be aware of this lack of adherence and could seek appropriate resolutions. Alexander and Klein (2001) found 73% of their sample of ambulance personnel reported their managers were not concerned about their well-being post-CI and consequently the majority of workers indicated a preference to debrief with peers post-CI. Intrinsic to this example is the lack of communication between ambulance personnel and their managers post-CI, and arguably an increased potential to miss established protocols due to the over reliance on peer support. If a PO's peer is also not

aware of specific protocols post-CI and they are the sole information source for that PO, then there is an increased likelihood appropriate organizational protocols will be missed.

When discussing post-CI outcomes, based on the survey results, the respondents noted post-CI paperwork, such as employee incident reports or WSIB forms, were often not initiated. As per the survey results seven of the respondents failed to file any WSIB documents post-CI and only two discussed their CI with their Joint Occupational Health and Safety Committee. The respondents admitted they assumed required post-CI paperwork would be explained by management and discussed with them, which could account for the low numbers of WSIB paperwork being filed. Adding to this, when POs are failing to discuss CIs with their JOHS committee they are consequently not accessing the potential knowledge and support that a health and safety committee would offer to employees in respect to policies and procedures post-CI, as well as information about potential organizational supports.

As articulated by Participant Six, when established protocol was not followed it resulted in a marginalization of the event. They advised their CI experience resulted in a lack of communication about the incident, which they interpreted as indicative of the desire to “move on” with organizational demands post-CI without proper action being taken in response to the CI. Participant Six noted, “so just the whole experience to it was don’t talk about it and let’s move on, the incident wasn’t reported to the union, health and safety and management never did forward it up.” Participant One recalled their assumption of protocol adherence and the subsequent disconnect between the serious nature of the CI, thus warranting initiation of post-CI protocols, and the realization protocol had not been adhered to:

I just assumed that they [management] would just do what needs to be done and tell me what I needed to do, I have never filed a WSIB form, I just assumed right away something happened, there's a paper trail, there are witnesses, there are police, you know, that was a no brainer. They're gonna file it, if I need to file my own they would tell me otherwise I just assumed... Yeah its only when I got to this office [new work location], we start talking, on my God it was never reported, no you're not eligible for WSIB because you never reported it, you know. When it was eventually filed did you ever do an employee incident report? Participant. No.

Often, respondents only became aware of the lack of adherence to protocol upon discussion of their CI experience with a knowledgeable staff member who advised of the omission. Participant Five recounted their experience of discussing their CI with other POs only to discover protocol had not been followed. It was the knowledge of other POs that alerted Participant Five to the lapse:

I didn't even know about incident report paperwork then, I mean I hadn't even got to that part of the training, I didn't even know what an incident was, this was the very first incident report I ever wrote, and it was a year after the incident, based on the coaching I got after I spoke with that one officer, the union rep, it shouldn't have happened a year after.

Participant One recalled a similar experience of being informed about appropriate post-CI protocols by other staff, "the whole WSIB thing, I found this all out after...I moved to a new office where it's fairly union oriented and they're like what? What? Are you serious." Through the failure to follow established protocol the respondents were not protected in relation to employment compensation. This lack of adherence to protocol

also served to undermine the perceived seriousness of CIs and failed to authenticate the respondents' experiences.

**4.7.2 Subtheme two: Levels of support from management.** The respondents reported an expectation of managerial support post-CI and the importance of receiving such support to help them process and cope. Within studies focused on first responders and their experiences with CIs, researchers have reported on inadequate levels of management support post-CI (Alexander & Klein, 2011; Halpern et al., 2009; Regehr et al., 2002) and more generally, a need for increased organizational support for workers exposed to trauma (Farrenkopf, 1992; Perez et al., 2010; Severson & Pettus-Davis, 2011). Additionally, researchers have found increased management support post-CI has resulted in positive posttraumatic growth (Sattler et al., 2014) and recognized the benefit associated with supervisory check-ins with staff after significant events (Jahnke et al., 2014). Sattler et al (2014) localized posttraumatic growth as increases in personal growth or other positive outcomes experienced by workers post-CI. Bell et al. (2003), in their discussion on supportive organizational climates for workers exposed to trauma, discussed the need for supervisors to provide ongoing emotional support to staff in order to help workers manage their experiences with trauma while also proactively teaching them about normative reactions to trauma to enhance their own knowledge about the signs and symptoms associated with trauma exposure.

Within the current study the respondents differentiated between what was perceived as positive support from management and what was understood as poor support. Positive support was characterized as management taking the time to listen to POs, empathizing with

their experience, and providing opportunities to process. Participant Three discussed the positive support received when debriefing with their manager:

So my manager at the time was good, I did connect with her when I was on leave, we went out for coffee, I had long talks...she was a good manager, so I was really lucky to have her...so that did make a difference and it's true, your manager makes all the difference so having that where you feel supported if you feel heard, if you feel that they are genuinely concerned for how you are doing...a manager needs to be the wind beneath your wings basically, when you're facing a situation you can't cope or even as it relates to stuff that we deal with on a day to day basis...like my offender after he went and killed an individual, my manager called me and said I just wanted to check in, are you okay, and that very human approach which was really awesome...I've seen the other robotic type responses in those situations have not been helpful.

Participant one discussed the attributes of their manger and suggested taking a “human response” when addressing a CI was considered helpful. Participant One recalled the positive support received from management, “me actually telling her this is what happened to me, her response was a very human response.” Management providing positive support was often perceived by the respondents as validation of their experience and an acknowledgement of the seriousness of the event.

Not all respondents recalled having received positive support from their managers post-CI. Severson and Pettus-Davis (2011) discussed POs' perception of management support in relation to exposure to psychosocial hazards and described traditional support proffered by managers as subpar resulting in POs feeling their organization failed to care about their

emotional well-being. This finding was consistent with the reflections made by the respondents of this current study who described their negative experiences with management failing to provide appropriate supports post-CI. Participant Eight articulated their experience and suggested they received poor levels of support from management post-CI and identified how their expectation of what an appropriate response from management should be as compared to the reality of what they received:

I just expected more I suppose, maybe I expected them [manager] just to come right to my house, that's what I'm, thinking I needed or why don't you come to my office and we can talk for a while or even follow up later on, or anything like that.

Participant Two recounted the minimal support and validation received via their manager and described the process whereby their manager's review of employee submitted paperwork centred on administrative priorities versus employee wellness. Defraia (2013) discussed restoring work performance post-CI, noting often poor work performance immediately after a CI can be indicative of staff not effectively coping with the trauma they experienced. The author suggested workers can experience both emotional and physical symptoms, which negatively impact work performance and argued it is important for management, post-CI to focus on supportive interactions rather than confronting the worker on potentially subpar performance. Defraia (2013) emphasized the importance of management communicating to workers their inherent value to the organization while simultaneously recognizing the impacts associated with CIs and providing information about organizational supports such as EAP. As the respondents suggested, the lack of proffering support by management upon reading employee submitted paperwork is arguably a missed opportunity for management to recognize the significance of the incident and to utilize the process as an opportunity to offer

supports to their employee. Figley (1995) within his discussion on CF argued supervisors have the ability to recognize what materials or cases may be particularly traumatizing for workers and should enlist a proactive approach to prevent or lessen the psychological impairments associated with exposure to psychosocial hazards. Inherent to these positions is the assumption that managers are educated on recognizing what type of events may be significantly traumatizing and then translating this knowledge into action when reading incident reports that reflect details of such traumatizing events. Brown (1986) suggested the more probation managers are educated about and understand psychosocial hazards they are better positioned to offer concrete assistance to workers who are exposed to such occupational hazards. Participant Two spoke of this gap in management knowledge around what constitutes a CI, a lack of proffering of supports upon reading employee derived paperwork describing CIs, and a focus on the substantive nature of such paperwork:

When we spoke of critical incidents such as our offenders dying and then we would do an incident report and they [manager] would do a review I think the only thing that was every said to me by a manger was “oh I’m sorry that happened” but that was it, like that was the most support and that didn’t’ happen very often, that may have been said to me once or twice, but there was no, like it was expected that that happened and it was probably a nuisance for them to have to review the file but never was there an offer of support or help when we had incidents in out office.

Participant Seven discussed the lasting impact of having a negative exchange with their manager post-CI and how poor support from management served to shift the blame for the CI onto them, “so you can imagine my surprise when you have to do an incident report and then you get brought into the manager’s office and told it was your fault...yes, and that feeling



has never left me.” Participant Six highlighted when there is a dearth in response by management the overwhelming messaging is that employee well-being is not a priority; the CI is consequently minimized and normalized:

They employer’s response is very much go back to work, quit complaining and go back to work, that’s what I find, it doesn’t matter, it doesn’t matter what you’re asking for...this is not going to stop you from doing your job...you work in this field and you have been here for X years, this is not a big deal, move on.

Hence, the respondents described the importance of receiving positive support from management as a means to augment their capacity to cope post-CI. Moreover, management is often the first point of contact for POs post-CI. Hence, there is an ongoing opportunity for management to intervene positively with employees post-CI, to evaluate how a particular PO is coping, and to determine if intervention is required. In addition to management having the capacity to be a positive support there are also resources available to POs post-CI, which will be discussed within the following subtheme.

**4.7.3 Subtheme three: Deployment of resources.** Conflated with a lack of adherence to established protocols, respondents reported a lack of deployment by management of existing resources, post-CI. It was evident the respondents had an expectation certain resources would be deployed by management post-CI and when appropriate support was not proffered, the respondents expressed frustration over the lack of support. Slade and Bender (2016) authored an employer resource guide centred on PTSD and first responders for the Public Services Health and Safety Organization (PSHSO) and advocated for managers to engage workers in discussions about psychological health and safety, and to promote active discourse on the

topic. Part of this suggested proactive intervention was the encouragement of managers to actively seek knowledge about the EAP process and to be able to translate this knowledge to workers seeking support post-CI or after exposure to a significant trauma. Within this current study the respondents described a lack of organizational diligence in relation to informing staff about existing resources and a general failure to employ existing departmental resources. As previously discussed, managers may not be deploying resources due to the interrelated issue of not having received appropriate training in respect to supervising workers who are exposed to psychosocial hazards, coupled with a lack of understanding about existing resources. Vashdi, Bamberger and Bacharach (2012) advocated for increased training of supervisors so that they would be adept at assessing worker mental health and helping those workers in distress while Bell et al. (2003) promoted managers creating an organizational culture that acknowledges the potential for VT, which could in turn support the normalization of help seeking. Through enhanced training and education focused about occupational trauma managers can then be in the position to appropriately deploy resources. Currently, this is not being done and consequently, one could speculate due to this general lack of knowledge about trauma within the workplace, and the emphasis on organizational demands, there is little focus afforded on ensuring posttraumatic responses are adequately evaluated by managers for non-normative reactions and managed supportively through existing resources.

Participant Five recalled their general experience post-CI, citing the failure to deploy existing resources and purported the need for such support, “nothing was initiated by the employer, no indication you can use EAP or talk to anyone, no attempts by management to bring the office together to talk about the incident as a group, none whatsoever.” Embedded

within this example, the respondent highlighted how existing supports, such as EAP or engagement in a CISD, were not deployed by management and that this lack of deployment was problematic. Participant Seven described their post-CI experience and the lack of resources offered to them. When I asked if they had been offered any formal supports or resources post-CI, the participant reported, “No, I was given a 15 minute break to go for a walk, I wasn’t even given an extra one, I was told to take my break.” Inherent to these experiences is the expectation respondents can not only effectively cope on their own without formal intervention but that the CI itself was not significant and did not necessitate operational demands to be impacted. Again, this failure to deploy organizational interventions could relate back to the lack of training for managers specific to occupational trauma exposure and their inability to recognize or understand when organizational resources should be offered. Participant Six articulated the casual manner in which post-CI resources were offered and the minimization of their experience by failing to emphasize the need to access resources, “there was no support for it [offers of EAP], it was very off handed, well if you need anything call EAP, don’t call me [manager] call EAP, so it was minimized, just get on with it.” Devilly and Cotton (2003) suggested managers offering EAP to employees post-traumatic exposure not only provided an opportunity for staff to seek supportive services but is also symbolic of employer support. Consequently, the failure to deploy existing resources can serve to re-affirm management conflict and further alienate POs from reaching out to managers as a source of support.

The desire to collectively process trauma has been well documented within the current literature, though primarily in respect to first responder populations (Brazil, 2017; Jahnke et al., 2014; Jeannette & Scoboria, 2008; Sattler et al., 2014). This research confirmed CISD

was an intervention identified by the respondents that could be utilized to help them manage post-CI reactions and unify the office. Participant Two focused on the failure to utilize the intervention of CISD post-CI. The participant suggested debriefing would have helped the office collectively to deal with the trauma and submitted informal debriefing with peers was a minimally effective support post-CI and within their office only served to further divide staff. They suggested a CISD would have facilitated not only their individual ability to address and process their experienced CI, but also collectively as an office:

All of the incidents that have happened in the years nothing was ever done, it was just all people debriefing with each other who they trusted, when you have a large incident and especially like the one we had where the office was clearly divided we needed professional outside help, because us talking about it with peers just polarized us more.

Participant Three expressed the same desire for a CISD post-CI and noted that although they had informally debriefed with peers, and sought individual treatment, a CISD regarding the CI was still viewed as an important factor in processing their CI:

A critical incident debrief was never activated, none of that was ever done, it was just debriefing with colleagues and taking a sick leave and seeking treatment, there was no sit down with the manager, a critical incident debrief wasn't activated, the organization really didn't do anything.

Participant Six recalled their post-CI expressed and submitted a CISD was a needed step in the post-CI process, "it was not discussed as a group, we didn't go through safety precautions at a staff meeting, no one knew...so I was very much on my own with it, there was no support for me...no other discussion." Participant Six identified the subsequent isolation they

felt when their CI was not formally discussed and perceived this lack of CISD as a missed opportunity to provide support after the incident. The participant also suggested that a CISD would provide recognition of the seriousness of the CI and consequently validation of the event warranting a formalized response, “somebody to come in immediately and deal with the crisis and then to check in with you and see how you’re doing and someone to say this has been a significant incident.” Lewis et al. (2013) suggested the use of CISD for POs after “challenging case load events” as a means to combat the stigma that can be associated with help seeking and to normalize the reactions associated with exposure to psychosocial hazards such as CIs. The authors advocated such deployment of a CISD would capture staff members who otherwise would not seek out treatment individually while acknowledging the need for collective posttraumatic support. The finding of the respondents desiring a formal post-CI debrief to collectively process the event echoed Lewis et al.’s (2013) research findings. Through the deployment of a CISD the respondents suggested this was a clear indicator for all involved that the event had met the threshold of a CI and validation of how POs experience CIs. This finding serves to further the existing literature in this area and highlight the need for further researchers to consider the efficacy of CISD in relation to PO worker populations.

Participant Four suggested a CISD should be a proactive and ongoing mechanism to combat the psychosocial hazards POs are exposed to. This participant recalled their experience in a previous employment where formalized debriefing was done on a regular basis. Incorporating formalized debriefings has been identified within the existing literature as a potential mechanism to address posttraumatic reactions, encourage help seeking, support front-line workers within high-risk occupations, and to provide an opportunity for clinical or

professional supervision to augment the competencies of workers who are exposed to psychosocial hazards (Farrenkopf, 1992; Halpern, et al., 2009; Maslach 1976; McCann & Pearlman, 1990; Sandhu et al., 2012; Sexton, 1999). The respondents acknowledged ongoing debriefing is not being done and Participant Four specifically identified the lack of proactive, formalized debriefing within their workplace:

I know when I worked at X one of the things we did was have weekly meetings and they would talk about offenders or people, problems, incidents that had happened.

They would check in with everybody around the circle. We don't do those kinds of things, we don't have any formal processes in place that provide support for each other, so yes, we do very informally but we don't have any of the formal processes in place to make sure people are okay.

Consequently, a CISD was viewed as an important resource for POs post-CI. However, only one of the respondents reported having participated within a CISD post-CI while all of the respondents reporting having experienced a CI, with seven having experienced more than five CIs within their career. It is evident CISDs are being underutilized and not deployed post-CI. The failure to initiate existing resources post-CI was commonly located by the respondents as a missed opportunity for them to receive trained help in processing the CI. Specifically, not employing a CISD post-CI eliminated the potential for collective healing and often resulted in the respondents having to attempt to cope with their experience on their own. This lack of structured support post-CI is noteworthy as it suggests respondents are expected to know and understand when they are not effectively coping post-CI. Additionally, which will be discussed further within this chapter, the respondents suggested their formal training did not adequately teach them how to recognize the signs and symptoms of trauma

exposure. Therefore, if the respondents are not offered or encouraged to utilize existing resources then the opportunity to monitor their well-being and coping post-CI is missed.

Included within the general theme of deployment of resources was the identified practice of accessing support via informal debriefing with peers post-CI. The respondents acknowledged the importance of having peers they could share their CI experience with and seek mentoring on how to effectively cope with occupationally derived experiences. Peer support utilized as a buffer to ward against the negative effects of exposures to CIs, and more generally psychosocial hazards, has been well documented within the research (Alexander & Klein; 2001; Brown, 1986; Corneil et al., 1999; Fincham et al., 2008; Gonzales et al., 2005; Halpern, et al., 2009; Iliffe & Steed, 2000; Maslach, 1976; Meehan, 2013; Newell & MacNeil, 2010; Perez et al., 2010; Sattler et al., 2014; Sauter et al., 1990; Severson & Pettus-Davis, 2011; Thorpe et al., 2001; White et al., 2005). Respondents interviewed within this current research project also recognized the importance of informal debriefing with peers as a means to mitigate the negative emotions associated with exposure to psychosocial hazards. This finding serves to highlight the important role peer support plays within the probation environment and by extension, the importance of ensuring all staff are appropriately trained in relation to trauma exposure reactions so that when informal peer debriefing is utilized, staff are in a position to potentially recognize non-normative reactions in others. Considering the survey results with seven of the respondents having indicated informal peer debriefing as their main support post-CI, the importance of peer support within the probation context cannot be understated.

When reflecting upon peer support Participant Seven described the positive support they received from an experienced colleague post-CI and how their discussion helped the participant cope and recognize they were not responsible for the CI:

I did talk to my coworkers, I did debrief, at that time there was actually a wonderful probation officer and she is the one who actually helped me cope...by sitting me down and explaining it isn't my fault and why it wasn't and if people really want to hurt themselves they will find a time or place even if you stop this attempt they can do it, she just walked me through the whole process and I hate to use the word normalize because suicide isn't normal but that's basically what she did.

Through an informal debrief with a peer Participant Seven was able to achieve an enhanced understanding of their CI experience and an acknowledgement of the sometimes harsh realities of probation work. Participant Eight described being comforted by sharing their post-CI reflections with peers and expressed a belief informal debriefing was the only viable option to help them cope post-CI:

I just basically went and spoke with colleagues, that's what I felt was the easiest thing for me, the ones that I was closest to, there were a few colleagues in the office that I had always felt closest to, you know I would sit down with them and talk to them and when I was feeling a little down I would just go and talk with them, I figured I felt at the time anyways that was all that I really had.

Participant Three recounted their experience debriefing with peers and the importance of having such peers mentor appropriate and effective coping strategies. Embedded within this scenario is the expectation that peers have the capacity to provide post-CI support,



that POs are willing to seek such support from their peers, and most importantly that POs will recognize the signs and symptoms post-CI of when to help seek:

I had two close colleagues and debriefed with them and in all reality, in my personal opinion, I think the support of our colleagues, of my colleagues at the time that I went through that total breakdown would make it or break it for me. If I hadn't of had their support I don't know that I would have been able to bounce back and to manage my mental health, so I think they were huge for me.

Within these scenarios, informal debriefing replaced any form of structured interventions, which again illustrates the phenomena of the emotional well-being of employees being managed essentially by co-workers, who are not formally trained in responding to trauma. Additionally, this reliance on informal peer debriefing resulted in the PO impacted by the CI not being monitored or accessed for non-normative reactions to psychosocial hazards by a trained professional. Alexander and Klein (2001) discussed the importance of peer debriefing and advocated for organizations to encourage and foster peers being able to support each other. Although recognizing the importance of peer support, an assumption with this position is that peers can adequately replace professional support post-CI while placing an undue burden on peers to be available to other staff to help them emotionally process traumatizing events. Additionally, it removes a degree of the responsibility of creating safer and healthier workplaces from the organization and places this responsibility onto workers. While the aforementioned reflections describe the effectiveness of informal debriefing with peers, such debriefing is contingent on the PO having fostered trusting relationships with peers and in turn, for the peers to have the time, ability, and resiliency to listen while being in a position to offer support and understanding. As

previously discussed, factors such as organizational conflict, erosion of peer supports, and workload demands have combined to alter the respondents' relationships with peers within the office setting and their availability to debrief.

Certain barriers were identified by the respondents in relation to the practice of informally debriefing with peers. Participant Four expressed concerns over the transference of negative emotions associated with the CI amongst the staff through informal debriefs, which the participant described as "sliming." Although, the debriefing allows an opportunity for the impacted PO to process the event they experienced, another PO becomes vicariously involved in the experience:

I don't think I'd be alive today if it wasn't for my peers, I do believe that we slime each other all the time and that we stretch our stress amongst our peers and that if I couldn't do that I think that would create even more stress problems than what I've already had.

Participant Seven spoke to the same phenomena of "sliming" and having to keep in check what information they shared with colleagues when they were debriefing in an attempt not to overtax them, "you have to be very careful with how you talk with your coworkers, many are overburdened as well so they don't always have the time for you, you have to be compassionate towards them too and not overburden them." Though not labeled as sliming within their research, Iliffe and Steed (2000) discussed the filtering mechanisms employed by therapists working with perpetrators and survivors of domestic violence and noted numerous therapists were reticent to "dump" traumatic material on co-workers. McCann and Pearlman (1990) discussed the competing needs of therapists attempting to process the vicarious trauma they were exposed to by sharing with peers while remaining cognizant of not wanting

to overburden or expose co-workers to new traumatic materials. The authors advocated for finding a balance between these two competing needs as a means to resolve the dilemma but arguably failed to underscore the difficulty in achieving this balance. Consequently, within both examples workers exposed to occupational traumas begin to self-select what they discussed with peers and demonstrated a reluctance to fully engage in informal peer debriefing. The process of filtering what one shares with co-workers was identified by respondents within this current research project and was a noted barrier to the respondents seeking help from their colleagues. As relayed by Participant Four, their decision to not seek help from co-workers was influenced by their desire not to overload their already taxed colleagues:

It's just sometimes it's nice just to be able to talk those things out and just be able to go through things... I mean we've been extremely busy as probation officers, the amount of paperwork has increased in the last years exponentially and to the amount of accountability and you know my colleagues don't always have time to listen in a way that is truly effective to help you completely...you feel invested in the whole situation and they're not as invested in the situation and they may or may not have time to listen to you because they're busy with their own caseloads or they're doing their own incident report.

The deployment of resources post-CI is a layered theme involving the perceived importance of a CISD as part of the post-CI process, the proffering of supports, such as EAP by managers in recognition of the seriousness of the event experienced by the PO, and denotes the tendency of POs to reach out to peers to informally debrief post-CI. A pivotal consideration of POs when accessing operational resources post-CI was the efficacy of such

resources in providing support. As such, not only did post-CI resources need to be offered and access supported, the resources themselves had to be considered efficacious for POs to utilize them.

**4.7.4 Related subtheme, efficacy of resources.** Beyond accessing the effective deployment of organizational responses to CIs, the respondents also discussed the efficacy of formalized supports, which was interrelated to the subtheme of deployment of resources. Notably, the respondents identified numerous barriers associated with their assistance program and more generally the concept of CISD, and indicated their restraint in accessing these supports. Barriers associated with EAP will be discussed first.

Within probation work an employee assistance program has traditionally been the sole provider of organizationally paid counseling and support services for staff, ranging in services from retirement planning, support during pregnancy, grief and bereavement counseling, financial counseling, marital support, and individual counseling services. An EAP is available to staff via direct referral; staff are able to contact their EAP services individually and confidentially to discuss a wide range of matters. In theory, EAP should provide another layer of support for POs, especially post-CI, to help them cope with their experience, however based on the information provided by the respondents, coupled with their survey response of only four respondents having utilized EAP, it would seem EAP is not an organizational resource that is being fully utilized. Slade and Bender (2016), through their research with the Public Services Health and Safety Organization, suggested an EAP was seminal to any proactive, occupational health and safety plan. However, they cautioned that employers must consider any gaps associated with their respective EAP providers and ensure staff are aware of how not only to access EAP but any potential limitations associated

with the program. The authors acknowledged that not all EAP providers are equally equipped to provide services to employees suffering from psychological impairments associated with occupational exposures to trauma and suggested any gaps in service should be addressed via additional resources allocated to employees. The belief that EAP counselors are not adequately trained to provide trauma informed services to POs was expressed by the respondents and identified as a barrier associated with them not accessing EAP. This finding supported the position of Slade and Bender (2016) in their advocacy of securing appropriate providers for employee assistance as part of a comprehensive prevention plan. This result was also significant in acknowledging the existing reluctance of POs to access formalized services and the reasons why. This knowledge can in turn help inform changes to existing prevention plans hopefully with the final outcome of increased use of professional services by POs experiencing a need.

The respondents located EAP as the main organizational support proffered by managers post-CI and, as articulated by Participant One, there was a pervasive belief that EAP counselors were ineffective in helping POs who had experienced a CI:

To be honest with you they gave me EAP, it just can't deal with this shit. They can't deal with someone being assaulted in this way and it psychologically hurt, this is a critical incident that happened, I actually ended up having to pay out of pocket. I ended up paying thousands of dollars out of pocket for therapy. Because there was nothing, there's nothing for me...someone was telling me police have access to psychologists...we have no access to nobody, I had to pay for my psychologist and they're \$150.00 per hour.

As noted in this reflection, EAP services were not accessed due to a lack of belief in the ability of EAP counselors to effectively intervene therapeutically with the participant post-CI. Specifically, a lack of knowledge in relation to dealing with trauma exposure was cited as the major stumbling block for engagement with EAP. Participant Two articulated a belief that through their own training as a PO they were better equipped than their EAP provider to provide therapeutic interventions, “I’ve tried resources they’ve offered through EAP and to be honest, I’m more trained than they are I feel. So I don’t find those resources helpful at all, I really don’t.” Participant Two relayed they enlisted private, psychological services post-CI but lamented they had to pay out of pocket for these services. The participant acknowledged “it’s just I can’t afford to do that on a long-term basis” and as a result, not only were EAP services not utilized but the participant was left to attempt to navigate their CI experience with limited therapeutic support and guidance due to monetary restrictions. Participant Three located the same lack of belief in the ability of EAP providers to deliver effective, trauma informed services. Within their reflection the participant attempted to anticipate the responses of the EAP counselor, as a means to confirm their belief EAP provision was inadequate. Additionally, as noted by the participant, they are left to source and pay for their own psychological services from a psychologist:

Our EAP providers...you’re having conversations with people that don’t understand your job necessarily or don’t have the level of education. Like we know how to motivationally interview people and so it’s almost condescending or “mickey mouse” when they don’t necessarily have the skill set to outsmart you in that way, I was having these conversations with these EAP providers and it was like I see your game right now, I know you are motivationally interviewing me, I know you’re

doing this, to me it wasn't helpful, it was very amateur and not well suited for what I needed, and I generally don't rely on EAP and I do pay \$200 per hour for my therapist when I need her.

Beyond the respondents not believing in the efficacy of EAP provision, the respondents identified another barrier to seeking support via their EAP that being the level of confidentiality associated with EAP services. Pearlman and Mac Ian (1995) recognized the need for supportive and confidential professional relationships that therapists could access to help process the occupational traumas they are exposed to. However, Regel (2007) highlighted the inherent quality control issues associated with EAPs in relation to understanding the organizational context in which they are deployed. The respondents located concerns with EAP, specific to the probation context, and the unique potential for POs to be seeking counseling services for personal reasons via an EAP counselor who they must in turn deal with professionally in relation to mutual offenders. Due to the contextual realities of probation work, the respondents noted this lack of confidentiality and blurring of boundaries was a significant barrier to their engagement with EAP and their belief in the efficacy of such an organizational resource. Participant Seven described their difficulties in accessing appropriate supports via their EAP due to issues of confidentiality and this reflection illuminates this aforementioned barrier to help seeking:

I have accessed EAP just so you know to try to help with my eating disorder, unfortunately, small town, the counselor had more problems than I did, I know them, I work with them daily with my offenders you're in the waiting room with your offenders and you're not comfortable giving out a lot of information because you work with them on a professional basis as well...the one time I was at my

appointment they opened up my file and there was my consent to disclose about an offender in there, they put it in my file instead of the offenders and then if you wanna know how great EAP is...you have to do a little survey after it, they hand you the form, they sit and watch you fill it out after each session, you hand it back to them and they read exactly what you have said so the EAP person is not doing a great job and yet you know this is who you have, how are you supposed to circle it that this is inadequate and they need to change it when they're sitting there looking at you.

Participant Seven also discussed the lack of confidentiality when accessing counseling in relation to co-workers being aware, "so say every Wednesday at 1 o'clock I tootle off for my counseling, there goes your confidentiality...do I chose to lie to my colleagues or do I have to say I'm struggling and I'm getting mental health help?" Participant Five recalled their negative experiences with EAP, citing both issues around the qualifications of EAP providers and the confidentiality of the service, "in the smaller towns everyone knows everyone, you can't use local resources because everyone know who everyone is, there is no confidentiality if you go to counseling." Participant Five continued, "often I am talking to someone right out of school who has no clue about life up here or life as a PO, I have found...their level of help in EAP has been why I don't bother to call at all." Within this reflection the respondent identified the quality of EAP provision, the EAP provider's lack of understanding of the contextual realities of probation work, coupled with a lack of confidentiality, as direct influencers in their decision not to utilize the service.

In addition to the aforementioned barriers associated with EAP provision, the respondents identified additional concerns in respect to the process of utilizing a CISM post-CI. While EAP services can be self-referred, a CISM must be activated via management.



Though some of the respondents, as previously explored, believed a CISD post-CI was an effective support, not all of the respondents shared this view. This ambivalence expressed by the respondents towards utilizing CISD post-CI is congruent with current research findings where there have been mixed results associated with the efficacy of CISD (Deville & Cotton, 2003; Devilly et al., 2006; Harris et al., 2002; Jahnke et al., 2014). A concern raised by the respondents focused on group composition, specifically including staff within the debriefing who had not been directly impacted by the CI, or having managers or other perceived outsiders present during the debrief. This concept of outsiders being part of the composition of CISD groups and their disconnect with the context of the CI has been located within the literature as a negative feature associated with the CISD process (Deville et al., 2006; Jahnke et al., 2014; Jeannette & Scoboria, 2008). This finding was supported within the current research study as articulated by Participant Five, a CISD is dependent on having faith in the process and confidential nature of group processing and agreement on the composition of the group. When these elements are not present, then the process is ineffective, “if you get the management in there you shut up, I wouldn’t trust anything if the manager was there...I wouldn’t speak, if there is a CI it needs to be with the staff that were there.” Participant Seven expressed concerns over how their vulnerability within a CISD would be perceived by management and noted this was an existing barrier to accessing this structured support. Additionally, Participant Seven suggested inclusion parameters in relation to group composition was an important element of a CISD; “there needs to be a formal debriefing...I firmly believes it needs to be outside the employer, there are repercussions...if you bawl in front of your manager they remember that...you feel lesser in their eyes...that has to be removed.” Setting limits on who attends a CISD was a common concern of the respondents.

Participant Six relayed their experience with a CISD post-CI and their difficulty with the debrief due to the composition of the group:

There was X of us and management, the one person who was not, hadn't participated in any of it or had been involved in any of it directly was there and had the opportunity for input and how it had impacted them and it hadn't impacted them at all because they hadn't been involved at all directly, it was all kind of cursory, so they had input into the debriefing and it was like, what is this? You're being debriefed by a person you really don't know, you don't feel comfortable talking about it in front of somebody who has shown little or no compassion, you're having them participate, and they're having an opportunity to have a say, and it's like wait a minute, this process is skewed, there's a problem here.

Participant Seven expressed their fear of participating in a CISD due to the potential breaches of confidentiality, specifically in relation to something that was said during the debrief being utilized punitively against the participant in the future. Alexander and Klein (2001) identified confidentiality and potential negative impact towards career prospects as significant barriers in relation to help seeking. This phenomena is clearly articulated within Participant Seven's reflection upon their concerns associated with the CISD process:

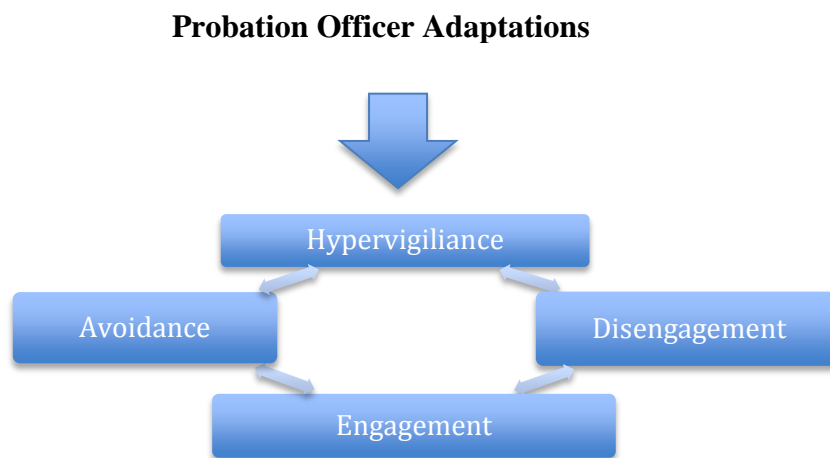
Personally I will never speak to anyone this employer has. I have been taught very well through my experiences that anything you say is used against you or can come back and bit you in the ass. I will never do anything peer driven. And I know that sounds really adamant but I'm sorry it is for me.

Notably, the respondents did not identify participation within CISD as resulting in increased arousal or further exposure to vicarious trauma. Researchers (Devilly et al., 2006; Jahnke et al., 2014) have found exposure to co-workers' perceptions of a CI and their descriptions of the CI can result in increased emotional arousal for staff participating within the CISD. Thus, via the CISD process, staff can potentially be exposed to increased vicarious trauma. The respondents associated with this research project did not discuss increased arousal as an unintended consequence of CISD and were more concerned with issues of group composition and confidentiality. Accordingly, when deploying a CISD, as inferred from this PO specific research, it is important to focus on ensuring POs feel comfortable during the CISD through enhanced confidentiality and appropriate composition of groups, and potentially this could translate into augmented use of CISD and increased efficacy in the process.

When considering the organizational responses to CIs, the respondents located the importance of following established protocols post-CI, the utilization of CISDs as a mechanism to collectively process the event, being able to access positive support from their manager, and a reliance on informal debriefing with peers to help cope post-CI. When organizational responses were poor, the respondents were left to process the CI individually and in isolation. Furthermore, as there was a propensity to debrief informally with peers the respondents' colleagues were often the only source of support post-CI. Numerous barriers were identified with use of informal debriefing, which influenced the extent to which the respondents debriefed with colleagues. Moreover, the respondents located additional barriers that influenced their engagement with their EAP and CISD. When examining the post-CI process it is apparent that organizational responses and engagement with formalized supports

is varied and contrasted. The respondents noted utilizing numerous forms of adaptations to help cope with the transformative nature of probation work, including managing post-CI, and these adaptations occurred concurrently with any deployment of organizational resources.

#### 4.8 Adaptations



*Figure 6. A GTPO - Stage Five*

Adaptations are defined as the individual responses and changes to daily routine employed by POs in response to the transformative nature of probation work. Adaptations were influenced by how effectively the respondent was able to manage posttraumatic exposure coupled with to what extent ongoing exposures to psychosocial hazards and the transformative nature of probation work impacted the respondents. The respondents noted throughout the CI experience they received varying organizational responses aimed at augmenting their ability to manage; however, the majority of respondents suggested organizational responses to CI were ineffective thereby contributing to the continued downward funnel effect leading to respondent adaptations. The respondents described individual adaptations they had adopted and acknowledged how these specific evolutions impacted their professional and interpersonal relationships, interactions with offenders, their

own wellness, and ultimately their engagement within the workplace. Not all identified adaptations were positive and often the respondents described maladaptive coping strategies they had normalized within their daily lives. Within this theme the respondents identified four subthemes; (1) avoidance; (2) hypervigilance; (3) disengagement; and (4) engagement.

**4.8.1 Subtheme one: Avoidance.** Through avoidance respondents actively sought new workplaces, or altered their offender interactions as an adaptation to the negative emotions associated with their workplace post-CI, and more generally due to their exposures to psychosocial hazards. Additionally, the respondents reported avoiding previously enjoyed interpersonal relationships due to coalescing factors of the transformational nature of probation work, changes in worldview, and general distrust post-CI. Within the GT all of the reported adaptations employed by the respondents were interrelated, for example, the adaptation of hypervigilance fed into increased avoidance of offender-based interactions, which in turn fueled PO disengagement. As such, through theoretically understanding this stage of the GT, linkages between adaptations and resulting PO behaviours are understood in relation to each other and not as individual adaptations.

Avoidance, as an indicator of posttraumatic psychological impairment and more generally as a coping strategy employed by front-line workers exposed to occupational traumas, has been actively researched and reported on within the literature. According to the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) avoidance is a diagnostic criterion for PTSD and includes either avoidance of trauma related thoughts or feelings or avoidance of trauma-related reminders (American Psychiatric Association, 2013). Steed and Bicknell (2001) found therapists working with perpetrators of sexual violence were at increased risk for avoidance. The authors described avoidance as the

circumvention of certain thoughts, feelings or activities, and disengagement from others in line with Figley's (1995) conceptualization of compassion fatigue. Slade and Bender (2016) discussed avoidance symptoms associated with PTSD noting often avoidance is characterized by workers avoiding "places, objects, activities or people" that remind the worker of the traumatizing event (p. 9). van der Ploeg et al. (2003) found forensic doctors who were exposed to multiple CIs also experienced an increase in the characteristic posttraumatic symptom of avoidance. McCann and Pearlman (1990) located avoidance as a coping mechanism deployed by therapists exposed to occupational traumas. The authors suggested therapists avoided certain aspects of client-based recollections of experienced trauma as a protective adaptation to limit future exposures to vicarious trauma. Specific to probation work, Severson and Pettus-Davis (2011) reported POs employed avoidance as an adaptation to address the vicarious trauma they were exposed to from supervising sexual offenders and Gonzales et al. (2005) described the trend of POs taking extra sick days as a means to avoid the pressures associated with their workplace. Consequently, it was not surprising to find the respondents utilized avoidance as an adaptation to their exposures to occupational traumas. What was unique about this discovery was that while the respondents were able to describe their use of avoidance they did not seem to recognize the significance in having adopted this adaptation in relation to it being a noteworthy indicator of diminished psychological well-being. This finding again speaks to the current lack of education and training of POs in respect to trauma and the signs and symptoms of trauma exposure.

As previously discussed, respondents described being emotionally taxed due to their exposure to psychosocial hazards and upon experiencing a CI their ability to manage was so compromised they adapted to this emotional depletion by physically removing themselves

from their existing workplace. Through the adaptation of avoidance the respondents were able to continue with their career within a new office setting and create distance and space from where the CI had occurred. Gonzales et al. (2005) found POs surveyed within their study requested transfers from their positions or sought early retirement as an identified coping mechanism to exposure to psychosocial hazards. Within the current study this same trend was true and often there was an urgency associated with workplace transfer as described by Participant One, “so here I am now calling her [manager at another workplace location] and begging her, like please take me, I had this happen to me and I just wanna be close to home, I can’t deal with this office anymore.” Embedded within this reflection is the need by the participant, upon recognition of diminished capacity to cope, to create space from the incident itself with the hope of renewal within a new office setting. Participant Two recognized they were no longer able to cope within their workplace and subsequently transferred to an alternate position for a period of time explaining:

I was done and I knew it, I recognized something was going to happen, I just knew my time was coming up, so fortunately for me we have a X [location that could identify the participant] attached to our office and I went and I did a position there for two years and that was very helpful.

Participant Two was able to receive respite through again physically avoiding the occupational setting where they had felt overwhelmed.

In attempting to move to alternative work locations some of the respondents experienced barriers. Participant Three described the difficulty they experienced in initiating their transfer to another office, noting that due to their CI they were already mentally drained and having to navigate a complicated transfer process exceeded their resources at the time:

I needed to look into transferring to another office and filing out lateral forms and stuff but it took me a little bit because you're kind of burnt. You don't really have it in you to jump through all of these hoops because you're mentally done so you know, it did take me a while.

Participant One lamented in the lack of support they had received to help them transfer to another officer post-CI, specifically in the difficulty in achieving a medical reassignment. This was a noted area where specific support to aid the reassignment process may have assuaged the participant's concerns:

Like the employer did not help with any of this, the whole medical reassignment thing, when she gave me the paperwork to have a look at it, it was insane, I'm thinking what? You know this happened to me...I was freaking injured on the job, you're going to send me back to the place where the offense had occurred, so that really pissed me off.

The respondents not only adapted by avoiding certain workplaces completely, the respondents also reported avoiding potentially negative offender-based interactions to limit the possibility of future exposures to trauma. Within these scenarios the unpredictable and potentially volatile nature of probation work was recognized as a contributor to negative emotions post-CI and through circumventing certain offender interactions the respondents expressed a belief they were also limiting their exposure to potentially traumatizing events. Parsonage and Bushey (1987) reported avoidance was an adaptation associated with exposures to traumatizing offender-based incidents and that POs post-CI utilized this adaptation as a strategy to avoid future, potentially traumatizing events. This similar



adaptation was described by Participant One and acknowledged the corresponding fear they felt post-CI:

I am quite distant [with offenders], I find I'm not as engaging or I'm not as helpful as I was, for sure, because maybe subconsciously I am a little bit afraid, you know what if they take a liking to me and one day I look at them wrong and they punch me out, sometimes I wonder I'm even maybe afraid because they're unstable, the schizophrenic, the substance abusers, especially ones with violent histories, so you know I put them in the secure room more, you know what I mean.

Participant One's use of a secure room, an interview room where the offender and PO are separated by physical barriers and where there is no potential for any direct contact, was their daily adaptation to mitigate against trauma exposure. Via this adaptation the participant fundamentally altered how they engaged in probation work and consequently recognized their offender interactions were limited and lacking in engagement. Therefore, the respondents adapted via the physical removal from their original workplace to avoid the negative connotations associated with the space while others altered their contact and service provision with offenders through increased use of the secure room, abbreviated time spent with offenders, and avoidance of locations within the greater community where offenders might potentially frequent.

Additionally, the respondents acknowledged their avoidance also resulted in the failure to foster close interpersonal relationships due to their isolating behaviours within the workplace and at home. Participant Two painted a picture of their increasing isolation post-CI and the personal costs associated with their chosen form of adaptation. Embodied within this reflection is a depiction of the transformative nature of probation work. The participant

recognizes their own change in worldview and how this shift intersected with and influenced their isolating behaviours, as well as identifying similar adaptations in others:

I was so much more open and willing to hear people and I guess I was able to roll with many types of personalities, I had groups of friends and really close relationships with everyone in my family and then over the years I have slowly isolated myself. And I saw that in a lot of senior officers too. Not a lot of them had big groups of friends, your social circle really dwindles the longer you're in this job, it's definitely more lonely because there's fewer people and you're always questioning what their motives are, what they're like as people, you're able to spot contradictions...well so that's the problem, there are less people that you trust to kind of sound off to about certain things...so it's sad, you even hear about a lot of people who I would say I used to be friends with who do things outside of work and I'm not included in that anymore because I've isolated myself and it hurts, it's lonely and I don't feel like I am the only one, I've seen a lot of new probation officers after me get hired and they have large social groups but if you watch them over the years that starts to dwindle just like it did with me.

Participant Five articulated the same use of avoidance to adapt to feelings of mistrust within the workplace, resulting in diminished collegial relationships and distancing from potential support systems:

I have to ignore the other people in the office, I have to isolate myself from them so I am isolated within the office itself and we don't talk to any of the other senior officers, I isolate myself from them as I do not trust.

Isolation as a byproduct of avoidance was not limited to professional or collegial relationships, Participant Eight acknowledged the difficulty in attempting to communicate within intimate relationships citing the lack of understanding of probation work by family members as an influencer to their isolation. Participant Eight noted post-CI, “I tried to keep busy, it’s hard to talk to your family about it [the CI] because they don’t do the work and they don’t really understand it I guess.” Kita (2015) discussed the phenomena of POs being responsible for supervising the most marginalized populations and others, being friends or family, not wanting to know about the work they do due to their own discomfort with it. Outside of the probation context Perez et al. (2010) discussed the isolating nature of being a police officer responsible for investigating child pornography offenders and the inherent issues associated with spending a significant amount of their workday viewing pornography. The authors noted isolating behaviours by their participants and their avoidance of discussing their work with family members due to the negative nature of their job. Thus, the location of avoidance, and subsequent employment of isolating behaviours, as a theme central to how POs cope with the contextual realities of their employment affirms similar findings within the literature. This understanding also serves to extend the existing knowledge about how POs adapt to ongoing exposures to psychosocial hazards by highlighting the extent to which POs will actively avoid potentially traumatizing situations and the reverberation of such avoidance within their interpersonal relationships.

Thereby, through avoidance the respondents significantly altered their professional and social relationships, shifted work locations, and modified their offender-based interactions. Although the adaptation of avoiding triggering or stimulating workplaces could be characterized as adaptive, adaptations resulting in diminished interpersonal and

professional relationships resulted in feelings of isolation, loneliness and sadness in the respondents. Consequently, avoidance as an adaptation resulted in both positive and negative outcomes for the respondents.

**4.8.2 Subtheme two: Hypervigilance.** The respondents provided examples of how they altered daily interactions and routines as a means to augment personal safety post-CI and to cope with having had their sense of security threatened due to the incident they experienced. The respondents expressed insight into their overcompensating adaptations and recognized their behaviour modification was hypervigilant. However, through increased safety measures, the respondents reported being able to better cope with their ongoing sense of fear. Unique to this adaptation was that it was directly related to having experienced a CI. The respondents did not identify being as significantly influenced by previous exposures to psychosocial hazards as they were by having experienced a CI. According to the DSM-5 hyperarousal is a diagnostic criterion for PTSD and includes alterations in arousal and reactivity (American Psychiatric Association, 2013). McCann and Pearlman (1990) described the heightened vulnerability felt by therapists resultant from their exposures to vicarious trauma and the corresponding hypervigilance they employed to avoid potential victimization while Figley (1995) conceptualized “hypervigilance for self” as a clear symptom of secondary traumatic stress disorder, or what he labelled as compassion fatigue. Within this current study the respondents, though describing signs of hyperarousal, labelled their reactions as being hypervigilant. Arguably, their changes to behaviour and daily routines exemplified classic posttraumatic responses of hyperarousal.

Researchers have found hypervigilance as a common adaptation to trauma exposure and as such this finding was an anticipated result of the current research project (e.g.,

Catanese, 2010; Farrenkoft, 1992; Figley, 1995; Iliffe & Steed, 2000; Kita, 2015; McCann & Pearlman, 1990; McCaslin et al., 2006; Perez et al., 2010; Regehr et al., 2002; Severson & Pettus-Davis, 2011). However, this finding does extend the current literature as it reaffirms the difficulties experienced by POs in relation to occupational trauma exposures and supports a call for additional research in this area to better understand, respond to, and take proactive measures for PO well-being.

The respondents recalled numerous examples of hypervigilance within their professional and personal worlds. Participant One recalled their general preoccupation with personal safety post-CI and described the changes they made to their office as a means to limit an offender's capacity to use something found within their office to cause them harm. Iliffe and Steed (2000) discussed the concerns regarding personal safety in the workplace expressed by the therapists they surveyed and the expressed need for increased organizational responses to augment personal safety in the workplace. Within this study, the participants suggested the adoption of personal security alarms within their offices as a means to mitigate vulnerabilities. Participant One discussed the changes they made to their office, which exemplified their desire to mitigate vulnerabilities associated with meeting offenders within their office on a daily basis:

I think about safety, my office is very generic, it is barren, if they [offender] wanted to whack me with something they'd have to really reach for my monitor because I have nothing because I've almost become a little preoccupied with safety in that sense.

Inherent to this example is the transformation within the participant in relation to their view of personal safety in the workplace, how their CI experience continues to influence their

perception of personal safety, and how they have adapted to this transformation through adaptation. Iliffe and Steed (2000) reported workers exposed to occupational trauma felt less secure within the world coupled with an increased awareness about personal safety. This cognitive shift was described as a pervasive change to therapists' schemas and impacted their daily routines and interpersonal interactions.

Changes to the respondents' work environments were not the only adjustments made by the respondents. They reported actively engaging in hypervigilance within their daily lives as a means to combat feelings of insecurity and fear. Participant Five recounted how for a year post-CI they altered their behaviours after having been threatened by an offender and they recognized their own behaviours as being hypervigilant:

So for the next year when I would go into the public transportation system in the major city I was being hypervigilant about who was around me, who was following me when I walked, was anyone following me to my home in order to see if I could see if the guy was there to act upon his threat.

Through the adaptation of hypervigilance Participant Five attempted to moderate their daily behaviours as a means to cope with the ongoing fear of having a negative offender interaction. Participant Eight described their internal dialogue when coming into contact with an offender within the community and their general hypervigilance as a means to respond to any potential threat:

In fact today I was out for a run and saw an offender when I was running down a sidewalk in the downtown core and he looked at me all funny, it was like oh yeah, I know he recognized me as a probation officer...but I kind of wondered why was he looking at me that way but I was running and prepared to run faster if I had to and

not that I felt he was gonna attack me but you know you think like that, your mind thinks. Now when I'm out running or I'm in the community, I never walk with my head down, I'm always walking and looking around all the time, constantly, up and down and all around.

Within this scenario the participant describes how daily activities, such as engaging in exercise, can be impacted due to their anticipation of potential harm caused by others, specifically offenders.

Even when there is not a specific offender-based threat the respondents acknowledged their coping mechanism was to be always prepared, always scanning for potential danger and circumventing any situational elements that could lead to harm. Catanese (2010) and Severson and Pettus-Davis (2011) discussed the negative impact on personal relationships felt by POs due to their hypervigilance. In both studies POs reported taking extra measures to keep family members safe as a byproduct of their exposure to the traumas caused by sexual offenders. The action of always scanning or watching for potential sexual victimization of their children was a common reaction described by POs (Catanese, 2010; Severson & Pettus-Davis, 2011). Participant Six reflected upon their ongoing hypervigilance and how their adaptation to feeling vulnerable post-CI influenced their daily routine and impacted personal relationships. This reflection speaks to the pervasiveness of hypervigilance in the participant's life, and provides insight into the amount of energy required to maintain this level of attentiveness to personal safety:

So then you become hypervigilant... after the last incident... I have taken precautions so I have interior locks on my screen doors, I have three locks and the front door and the back door, there's locks on those doors, I've had deadbolts

installed...now as a result [of the CI] we are talking eight years later I have locks on the screen door, if I leave to go to the garage which is a detached garage I lock the door, I don't leave my house open, I don't leave windows open during the day when I'm not there, I don't leave windows open at night when I go to bed, I take precautions, I set things up so that I know that if somebody moves something in the house I'll hear it and it will fall. This is so bizarre I don't leave knives in the sink, I don't have one of those butcher blocks on the counter where you have knives, I put them away in a drawer, I don't leave knives in the sink...when I'm going to bed I go through the living room, check the windows, check the driveway, check the dining room, go through the kitchen, make sure all sharp objects, scissors, knives are put away, there is nothing available, I check the second door I go through, check the bedrooms...I was always vigilant but now it's a routine and even my husband will tell you I constantly say to him did you lock the door, did you shut the window, did you lock up the windows on the vehicle, and it drives me crazy and he knows it and he just says, yes I checked the door, it's locked.

Participant Eight discussed their CI experience as a possible contributor to their own hypervigilance and recognized how significantly their routines and behaviours have been altered due to their preoccupation with safety. The participant contemplated how their hypervigilance has resulted in increased anxiety:

The mornings before I get out of my vehicle I always do a check completely around my vehicle before I open up the door to get out and that's all because of the nature of our work. I don't even feel safe because I know what's out there today so I wanna make sure that when I get out, and I always pick my path, and I don't walk the same



path every day, I switch it, I don't always do the same thing and I don't always show up at the same time either. I do that purposely at home, I don't know what it is, but I do that. I'll leave two or three minutes early or later just to switch things up. Might be odd behaviour but it's just something that helps with my traumatic experiences or whatever you wanna call it I'm not sure, but I don't always feel safe in our community...I'm in a situation where normally you might check your door once before you lock it at night, now I'm looking at it three or four times and I'm always hitting the button on my truck...it's bizarre how your mind works when you work in this system and the things you see, you're always double or triple checking, it creates all of these anxieties.

Consequently, the respondents identified adapting through hypervigilance to their feelings of insecurity and fear over offender-based incidents. Although the intent was to augment feelings of safety, the adaptation of hypervigilance arguably seemed to have the inverse effect, raising anxiety levels and creating discord. The respondents recognized they were being hypervigilant but could do little to curb the behaviours.

**4.8.3 Subtheme three: Disengagement.** The respondents reported increased disengagement with certain aspects of their work environment as a third adaptation to having experienced a CI, and more generally as a means to cope with exposures to psychosocial hazards. Overwhelming the respondents located their general disengagement within the workplace as one of their primary adaptations to exposure to psychosocial hazards and CIs.

Maslach (1976) discussed the transformation of human service workers from individuals of “original thought and creativity” to workers who exemplified a “mechanical, petty bureaucrat” (p. 18). Maslach (1976) labeled this transformation as detachment and noted it

was a technique used by workers to reduce or cope with the stress they were experiencing due to burnout. The author cautioned that such detachment often evolved into a total lack of empathy for clients, noting the protective shell created by human service workers prevented anyone from penetrating it. The defining element of Maslach's (1976) conceptualization of detachment was the resultant burnout experienced by workers exposed to occupational, psychosocial hazards that exceeded their ability to adaptively cope with such exposures. Maslach and Jackson (1981) discussed the hallmarks of burnout noting emotional exhaustion was a key measurable symptom of burnout, which they defined as the inability of human service workers to give of themselves due to the complete depletion of their emotional resources. Freudenberger (1974) located this same element of emotional depletion, loss of motivation, and reduced commitment that human services workers experienced due to their ongoing exposures to human tragedy.

Burnout, as consequence of exposure to psychosocial hazards has been well documented in the literature (e.g., Cieslak et al., 2014; Finney, Stergiopoulos, Bonato & Dewa, 2013; Freudenberger, 1974; Maslach, 1976; Newell & MacNeil, 2010; Perez et al., 2010; Schaufeli & Peeters, 2000; van der Ploeg et al., 2003) as well as a direct corollary of probation work (e.g., Brown, 1986; Gayman & Bradley, 2013; Lewis et al., 2013; Whitehead, 1985; Whitehead & Lindquist, 1985) so it was not unexpected to find the respondents within this current research project describing symptoms associated with burnout. This finding is noteworthy as it serves to add to the existing literature, confirming the importance of the continued study of this phenomenon in hopes of augmenting preventive strategies to reduce the experience of burnout, and specifically detachment, by POs. Additionally, recognizing detachment as an adaptation employed by the respondents, in light of Maslach's (1976) and

Freudenberger's (1974) conceptualization of detachment being endemic of a worker's decreased motivation and increased emotional exhaustion, one can argue that when POs employ detachment as an adaptation they subsequently move further away from high quality case management and offender service provision which translates into a major organizational problem.

The respondents described feelings of being emotionally exhausted and unable to actively engage within their work environments. This disengagement included completing the minimal requirements in relation to work product and solely engaging in work demands to the extent of their emotional ability. Participant One described their process of disengagement, "to be honest with you, I've just honestly, I just do the bare minimum. It's the first time in my career where I just do the bare minimum to survive...I'm very much disengaged." Participant One recognized their transformation from engagement in the workplace to their subsequent detachment, noting motivation to do exceptional work was driven by external factors such as influencing stakeholder opinions of the PO, versus motivators such as pleasing their employer:

I'm going to do it to the best of my ability but I'm not going to go above and beyond, if my name was on a report oh sure, if it's going to be read by people then yes sure it's my name but for the employer itself, no, forget it, follow the rules, I'm not doing anything ahead of anyone or doing extra duty or doing that unless you order me.

Embodied within this reflection is how the participant's workplace behaviour is influenced, due in part, to their negative relationship with their employer resulting in further disengagement. As previously identified, management conflict was a psychosocial hazard resulting in the respondents not trusting their managers nor seeking support from them.

Within the adaptation of disengagement, management conflict resulted in Participant One moderating their quality of work and level of engagement with their employment. When highlighting this process of detachment the respondents acknowledged their transformation from engagement to disengagement and suggested their ability to do good work had been negatively influenced by unaddressed psychosocial hazards. Participant Seven connected their inability to meet workload demands with disengagement:

Oh, it [workplace demands] definitely impacts me, obviously I want to cover my ass, I do my job, there's no doubt about that, I cover all my bases, I do what is expected of me, but do I do it in a timely manner that the employer wants? No, I am right now nine assessments behind and I'm getting to them as quickly as I can but it's not as fast as the employer wants.

When commenting on their frustration with probation work more generally Participant Five articulated the extent to which their disengagement had impacted their perception of work stating, "I would never recommend anyone take a job here." Participant Eight located the same disenfranchisement from probation work, "I don't recommend this job to anybody, when someone comes to me and says they want to become a PO I talk them out of it, I tell them that our caseloads are extremely high, they're unmanageable and we have unrealistic policies." Participant One surmised due to their own negative experiences with unaddressed psychosocial hazards by management their engagement with probation work was irrevocably altered, "because you didn't think I was worth it, so I don't think you're worth it either. Unless you order me as part of my job I'm not doing it, I'm not sticking my neck out anymore, forget it, those days are gone." Within this reflection a clear link between the participant not feeling supported in their experience of psychosocial hazards resulted in them

not feeling valued within the workplace which culminated in their adaptation of disengagement.

Consequently, through the adaptation of disengagement the respondents over time displayed a decreased willingness to actively engage with their work and a general lack of endorsement of the field of probation. One of the major instigators to staff disengagement was cited as failure to address respondent concerns in relation to psychosocial hazards. Unaddressed workload demands and a perceived lack of value emboldened the respondents to disengage further and only do the bare minimum in relation to their work product.

**4.8.4 Subtheme four: Engagement.** As a foil to the subtheme of disengagement, the respondents noted having experienced an occupationally based CI, and their general experiences post-CI, often buoyed their levels of engagement within the workplace in specific areas only. This adaptation resulted in the respondents' augmented participation within their union and also through their participation on panels, within discussions on OHS, and through mentoring new staff. As previously discussed within the literature review, to the best of my knowledge, there has been no direct research focused on investigating the experiences of POs exposed to CIs, within the context of a work environment that allows for ongoing exposures to psychosocial hazards. As such, the discovery of POs employing the adaptation of engagement post-CI is both unique and foundational and can begin to explain how POs experience the cumulative effect of exposures to CIs and psychosocial hazards. As a result of the adaptation of engagement the respondents were able to discover their "voice" post-CI, as well as advocate for the enhancement of existing OHS policies and protocols. As previously discussed during and immediately after a CI experience, the respondents often

relayed feeling out-of-control and through their ensuing engagement, the respondents were able to regain a modicum of control in their professional lives.

Participant One described how through engagement they were able to acquire a voice within their work environment, which they characterized as empowering, especially having come through their CI where the power had been taken away from them:

Since then [the CI] I've become more active in the union, I'm actually even becoming a steward, it taught me to speak out because I paid the price of not speaking out and its not right and it kind of inadvertently made me get involved, all these different policies and the collective agreement exists for a reason, use it to your benefit...so I just said you know what, I'm going to become more active, I'm going to become more vocal, I'm going to attack this one bite at a time, because I'm not just sitting idle, right because when I was just sitting idle look what happened, so in many ways this incident really opened my eyes to all the nonsense and BS...it's almost empowering because you now say something...I was an easy target until I started speaking out and until I said no, no more.

Embodied within this reflection is the underlying belief that to some extent the participant was responsible for their CI experience due to their failure to act in the moment. They expressed a belief that their subsequent shift to engagement will help stave off future inactivity in the face of crisis.

The respondents' desire to seek enhanced control affirms Parsonage and Bushey's (1987) discussion about the increased anxiety felt by POs when confronted with threatening situations they had little control over. Whether engagement can in fact prevent future CIs is impossible to predict however for the respondents their adaptation of engagement has placed

them in a position where they feel more in control, creating distance and space from their previous loss of control which occurred during their CI. The concept of maintaining an internal locus of control in relation to CI exposures has been discussed within the literature as a contributing factor to enhanced posttraumatic growth (Sattler et al., 2014). Additionally, McCann and Pearlman (1990) explored therapists' reactions to dealing with traumatic incidents recounted by the victims in their practice. The authors investigated the relationship between therapists listening to clients recount experiences centred on the loss of control resulting in their subsequent victimization which in turn influenced therapists to consider the level of control in their own life and how to augment it. Within this study, reclaiming of control was linked to the respondents making distinct choices to engage individually or collectively as compared to their levels of engagement pre-trauma exposure. Participant Three shared their experience of newly found engagement within their union post-CI and suggested their CI experience was the determining factor for their subsequent engagement; "now I'm a union rep but it took things like that, like these type of incidents to happen to me in my career to move me into, to push me into the arms of the union basically." For Participant Three, engagement post-CI provided an opportunity to continue to process their CI in addition to adopting an advocacy role aimed at augmenting organizational resources to support the general mental health of POs:

I do a lot of speaking engagements, my biggest thing has been advocating for mental health resources for POs knowing how much of an issue it is and I think that doing a lot of advocacy work and I do presentations and I've done some sessions with first responders on PTSD and mental health so those kind of speaking engagements and

talking about it have been extremely helpful for me. Not staying silent and trying to handle it by myself.

Through the adaptation of engagement the respondents were able to seek support through their union and participate in discussions around mental health, thereby providing an opportunity to make meaning of their CI experience. Participant Two noted their own participation with the research project was a form of engagement and an opportunity to have their voice heard in an attempt to ameliorate current conditions associated with the psychosocial hazards inherent to probation work:

It's just nice to hear burnout and vicarious trauma is being recognized by you because like we've been talking about this for years and the employer sends out their surveys and I'm honest in all these surveys, for instance in the last one we did I spent two hours on the survey and I poured my heart into it and I'm thinking I remember I told people at work I was really taking my time, and I really wanted them to really understand what we're going through...like I'm hoping one day we'll get something out of this to help us, so that's why when I heard about you I said I'm just gonna keep trying.

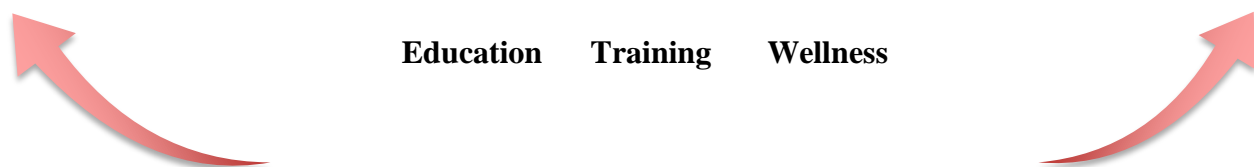
Participant Five discussed their engagement in mentoring younger staff in respect to health and safety within the workplace. Due to engagement with peers the participant was able to help empower other workers and potentially prevent future CIs, "I took my own initiative and spoke with younger staff and said "if you heard loud conversations that seem to be getting aggressive in another office you do a bunch of things... I took the action on my own to speak to that PO and inform them." Through engagement Participant Five was able to find



their voice in respect to OHS and be motivated to share their institutional knowledge with younger staff.

Accordingly, engagement was an adaptation employed by the respondents post-CI that provided opportunities for empowerment, collective processing with peers who had lived similar experiences, and allowed for the potential to affect positive change in relation to augmenting existing OHS policies. Engagement was perceived by the respondents as an adaptive response to the generally negative outcomes associated with CIs. This research finding not only extends the existing literature in relation to better understanding how POs experience CIs, it also recognizes the need for enhanced opportunities for POs to become more engaged post-CI as an adaptive means to cope with the negative psychological outcomes associated with traumatic exposures. Consequently, in knowing that engagement is a positive adaptation employed by POs, organizational responses to psychosocial hazards could ideally include opportunities for posttraumatic growth and regaining of the loss of control experienced by POs. This could be achieved through the promotion of events by the organization where employees are able to express their voice and engage in their workplace.

#### **4.9 Moving Forward**



*Figure 7. A GTPO - Stage Six*

As explained through the GT, the respondents moved through the CI experience and over time learned to adapt to their posttraumatic reactions. The respondents then moved right

back to the start of the cycle without any organizational interventions arresting this experience. Consequently, the respondents were stuck in an endless cycle of transformation, exposure to psychosocial hazards and CIs exemplified by a lack of posttraumatic growth or appropriate organizational responses, continued use of primarily maladaptive adaptations, and then re-entry to the cycle. The respondents identified two core recommendations that could positively impact the emotional well-being of POs, enhance supports for POs, provide forums for increased understandings in respect to OHS, inform current training practices, and ultimately stop the cycle. The two areas of possible intervention identified by the respondents were (1) education and training, and (2) wellness initiatives. The suggested recommendations intersected in such ways that the respondents' proposed increased awareness and education about CIs and psychosocial hazards, when used to inform training curriculums, could then augment employee understandings of psychosocial hazards, and consequently support wellness initiatives. Identifying and understanding the inherent linkages between the recommendations is paramount to the broader theme of transformation and the capacity for positive change within the probation realm. Each identified intervention will be discussed below.

**4.9.1 Intervention one: Education and training.** The respondents identified increased education and training around trauma as fundamental to augmenting employee wellness. Specifically, the respondents noted that when having experienced a CI they often failed to recognize the seriousness of the event, nor did they have a concrete understanding of when their CI experience, and responses to it, were outside of normative reactions. Through achieving a better understanding of trauma via enhanced education and training the respondents suggested they would then recognize the signs and symptoms of associated with

exposure to psychosocial hazards and be able to locate any maladaptive coping strategies. The respondents stressed any incorporation of education and training focused on understanding trauma had to be comprehensive, ongoing, and not an “afternoon add-on” to existing training courses. Additionally, the respondents argued that potential staff should from the beginning be educated about what they are going to be exposed to via probation work so that individuals could make an informed choice about whether they would want to enter the field of probation.

Increased education and training has been robustly discussed within the literature as a mechanism to enhance worker knowledge surrounding psychosocial hazards and as a preventative measure to reduce the harm caused by exposure to occupational trauma (e.g., Alexander & Klein, 2001; Brazil, 2017; Catanese, 2010; Figley, 1995; Gayman & Bradley, 2013; Halpern, et al., 2009; Lewis et al., 2013; Maslach, 1976; McFarlane & Bryant, 2007; Newell & MacNeil, 2010; Pearlman & Mac Ian, 1995; Sauter et al., 1990; Severson & Pettus-Davis, 2011; Sexton, 1999; Skogstad et al., 2013; White et al., 2005). Thus, having the respondents locate a need for increased education and training was not a novel finding. What was unique about this finding was that it illuminated existing deficits in respect to organizational training while additionally highlighting how the respondent group was not well equipped, via their current training curriculum, to understand the signs and symptoms of exposure to trauma nor did they learn techniques to adequately manage posttraumatic reactions.

Maslach (1976) contended it was evident human service workers required unique and augmented training to help them effectively cope with the “repeated, intense emotional interactions” (p. 22) they experienced as part of their work and that such training should

focus on fostering improved coping techniques in workers. Figley (1995) argued due to enhanced knowledge of CF as an occupational hazard that practicing professionals have an obligation to prepare students or trainees in relation to exposures to psychosocial hazards and that training curriculums should include information about such occupational hazards as burnout and CF. Sexton (1999) supported Figley's (1995) position and noted training centred on preparing therapists for the psychosocial hazards they are going to be exposed to is a fundamental aspect of any training program. Sexton (1999) also argued for the normalization of posttraumatic reactions through understanding worker reactions as not an individual issue, rather an organizational one and submitted therapists, buttressed by appropriate organizational support, need to learn their reactions to trauma are legitimate and an outcome of the nature of their work, not an internal deficit. Alexander and Klein (2001) reported a need for enhanced training and pre-CI briefing to help increase workers' sense of control when faced with a CI and to foster the development of adaptive coping strategies to occupational hazards. Skogstad et al. (2013) advocated for specific training for workers to help them learn to manage their stress reactions effectively when encountering traumatic incidents. Pearlman and Mac Ian (1995) advocated that any appropriate training curriculum should include an understanding of the effects associated with trauma exposure. Thus, just as researchers have recognized the need for educational and training curriculums emphasizing trauma informed understandings of occupational psychosocial hazards the respondents have also affirmed this need.

An important element of education and training as an intervention is the capacity of the educational program to clearly demarcate the signs and symptoms of trauma exposure and to inform POs about existing organizational resources. A theme of this intervention was

recognizing the existing lack of knowledge and understanding about trauma and supporting the messaging that POs do not have to wait until they reach a point where they are overwhelmed as an indicator to seek support. However, if a PO does not understand what are normative and non-normative responses to CIs, then arguably they will also not know when to seek help. Specific to probation work, Lewis et al. (2013) argued that educating POs regarding the possible psychosocial hazards they could be exposed to and the impacts associated with such exposures would “allow for anticipatory coping and the normalization of stress reactions” (p. 81). The authors submitted such training would help POs recognize the signs and symptoms associated with posttraumatic psychological impairment and could potentially mitigate any long-term effects. Severson and Pettus-Davis (2011) found POs were dissatisfied with their current training curriculum and suggested the limited knowledge POs had about reactions to psychosocial hazards could ultimately impact their ability to effectively supervise offenders while White et al. (2005) called for increased organizational training to augment PO well-being specific to their experiences of burnout and depression. The following provided scenario exemplifies the quandary between POs not recognizing the signs and symptoms of trauma and exposure, and consequently not knowing when to seek help. Participant Two described her observations about a fellow PO who had experienced a traumatic incident in the workplace resulting in the employee ultimately leaving the workplace due their inability to cope. Embedded within this example is the inability of the staff member to effectively cope with their CI experience and utilizing avoidance as their adaptation post-CI. Participant Two reflected upon their own belief that POs only seek help after a CI if they are completely “broken”, suggesting a lack of understanding about the importance of seeking help early and the overall benefits of help seeking. Additionally, this

position highlights the existing stigmas associated with help-seeking which can be perpetuated through an organizational culture that views help-seeking as something utilized by “broken” individuals only:

When she had this incident that was it for her, she was done, she could not work with criminals any longer, she was broken and that’s the only person who I’ve ever seen gone off after a CI issues, so that’s where in my mind I don’t deserve support of help unless I’m as broken as she is.

Participant Eight linked both their CI experience and their exposure to psychosocial hazards as contributing factors to their increasing anxiety and subsequent inability to cope. Their hesitancy to seek professional help demonstrates how a lack of understanding about trauma-based reactions can prevent a PO from recognizing when they have reached their threshold and when professional intervention would be warranted:

I didn’t feel that I needed to go see a psychologist, I wasn’t sure if I needed to see a clinical psychologist [post-CI], I even thought that sometimes I was losing my mind, I felt that I was so anxious, I always had a wee bit of anxiety but that incident just over the course of the years and the increasing caseload, the different types of offenders we’re faced with, more and more substance abuse, more and more mental health offenders, but it was the caseload and incident that just created more and more anxiety with me.

Therefore, as noted within this reflection, the participant was left to feel they were “losing their mind”, they were able to recognize their increased anxiety but they never sought help citing a belief they did not need to see a psychologist. This example clearly outlines the gaps in the existing educational and training program for POs, where POs are able to recognize

psychological impairments associated with their work as a PO but do not make the connection between their emotional state and the benefits of help seeking. Halpern et al. (2009) relayed a need for increased education for workers in respect to the signs and symptoms associated with poor, posttraumatic coping as a tool for workers to identify these hallmarks within themselves and ultimately seek help. Halpern et al. (2009) recognized the potential stigma associated with revealing to others difficulties they may be experiencing in relation to coping and identified this as a barrier to help-seeking. With increased education and training, posttraumatic reactions become normalized and part of the occupational discourse, which has the potential to remove the barriers associated with help-seeking.

Participant Three provided another example of not recognizing the potential psychological impairments associated with ongoing exposure to psychosocial hazards and CIs. Their lack of knowledge about trauma resulted in the participant initially believing the physical symptoms they were experiencing were solely related to their physical health and not connected to their emotional wellness:

I thought I had a thyroid problem, I thought okay, there's gotta be something, some thyroid whatever issue that's causing me to be so exhausted or a hormonal issue because I had these headaches that wouldn't go away and then the heart palpitations, I thought I was having a heart attack and I remember freaking out and going outside and thinking oh my God I'm dying, you know. All of those things and I wasn't able to connect the dots between my mental health and the physical reactions I was having.

Consequently, Participant Three argued for increased awareness in respect to trauma, acknowledging their own educational background did not prepare them for the realities of

probation work. Brazil (2017) submitted that formalized training focused on aiding workers in better understanding their post-CI reactions could help workers identify if their reactions were typical or atypical and by extension could encourage workers to seek help when needed. Inherent to this suggestion is the belief that with increased knowledge about the signs and symptoms associated with trauma exposure, workers would seek help when their own reactions became atypical and that their organization would be supportive of help-seeking behaviours by their employees. Participant Three discussed the need for enhanced education and training focused on understanding trauma within their reflection while identifying shortcomings in existing organizational responses to psychosocial hazards as evidenced by Participant Three having to pay out of pocket for individual counseling to help them cope post-CI:

There's a lack of education, studying criminology no one ever said to me in university you're going to be exposed to really traumatic events...when we did our employment training they talked about work/life balance and that as their entire education piece on wellness...if someone had said to me at some point you're going to be exposed to a traumatic incident, this is how you need to prepare yourself to cope in that situation, I think I probably would have been able to deal with it a lot better...I think what I would like to see is okay probation officers you are at some point going to experience the death of an offender or your offender is going to seriously injure someone and that's the reality of the job and in those situations these are the resources available or this is how we suggest you cope...I think the lack of awareness is really what resulted in the type of reaction that I had in my exposure to trauma, you're so green, you don't know this stuff is going to affect you and I think



just having the education, and being able to prepare myself for it would have been huge, and it just wasn't there...I've been able to cope with CIs better because I have a really expensive therapist and I've done all of the work to learn what to do to manage that, so I think it is the education piece that is needed.

Participant Three's reflection linked to the concept of stress-inoculation training (SIT), which was previously discussed within the literature review. Meichenbaum and Novaco (1985) suggested SIT could help workers deal with stressors through "paced mastery" by exposing individuals to manageable units of stress to provide "inoculation" against future stressors. Such training is designed to bolster worker preparedness and to develop a sense of mastery in response to occupational stressors (Meichenbaum, 2007). The author advanced utilizing SIT could help workers identify potential maladaptive adaptations and support workers in building more adaptive responses to occupational exposures to stress inducing events. Consequently, the respondents recognizing their lack of knowledge around posttraumatic reactions coupled with their minimal insight into their own thresholds for trauma exposure suggests SIT could be an effective addition to current curriculum.

Through this lack of education the respondents stated they were not equipped to recognize maladaptive coping strategies often employed in an attempt to cope with the psychological impairments associated with probation work. Participant Seven highlighted concerns with the existing educational training of POs and suggested a shift in focus from superficial wellness exercises to illuminating the tenets of trauma and identifying ways to cope with negative workplace events:

We did that stupid trauma exercise, that was so mind numbing actually people in our class fell asleep, and then self-care was, they gave us that hand out on oh you can

meditate, you can read a book, you can go for a walk, so superficial at best, they never talk about the feelings and how it will stick with you and where you go with those feelings, they didn't even use words like maladaptive coping and practical things, we don't get any of that.

Participant Five suggested the deficiencies in the current PO educational curriculum resulted in decreased understandings of workplace trauma reactions. The participant recalled an experience where they painted a ceramic mug as a means to cope with negative feelings associated with exposures to psychosocial hazards. The failure to relate this exercise to a real world scenario, coupled with no concrete educational pieces about trauma, severely impacted the efficacy of such an educational approach:

Look we got you all a mug, paint what you want on it and while we were doing it talk about you have this hurtful feeling...how does that relate to trauma, how does that relate to coping, how does that relate to feelings, there was no relation put on it.

The suggestion for enhanced education and training around trauma was not limited to POs, the respondents proposed management would benefit from an increased understanding of what workplace events could be potentially traumatic for employees. The respondents purported through increasing management's knowledge about trauma, they would be better positioned to reach out to employees to discuss resources and provide support. McFarlane et al. (2007) suggested managers should receive training specific to posttraumatic reactions and symptomatology so that they can effectively assess staff for any signs of maladaptive coping within the workplace. Sauter et al. (1990) discussed the seminal role of management in the prevention of work-related psychological disorders. The authors advocated managers require appropriate training in relation to recognizing the signs of psychological impairment in staff

as well as the underlying risk factors. Sauter et al. (1990) submitted armed with this knowledge managers could lead the organization in implementing control measures and aiding staff negatively impacted by exposure to psychosocial hazards. Participant Three articulated the need for increased education and training for managers and submitted via management being better trained they could then initiate informed strategies to augment employee wellness post-CI:

I think that there needs to be, our organization needs to recognize that when an offender dies or kills someone that this is in fact a critical incident and I think that they don't seem to recognize it as such, education around trauma and what constitutes trauma and if they see an incident report that grazes their desk and it's a death of an offender or a certain type of incident, they should be checking in with us.

Within this reflection education and training around trauma was directly linked to employing a proactive approach in addressing employee wellness. Participant Four spoke to the importance of having management be responsible for recognizing the signs and symptoms of trauma and ensuring supports are accessed by POs:

The people that I work with go, on no I've never suffered from a critical incident stress and I'm like yeah you have, you just don't admit it at this point in time. I would like to see the employer take the power away from us to minimize and put some supports in place just to make sure we are okay, like do a mandatory follow up when people have major incidents happen in their life...you do your incident report, you do this, you talk to somebody and you get some support.

Additionally, the respondents acknowledged their lack of knowledge in respect to existing resources and suggested providing education about such resources would be

beneficial. As noted by Participant Two, enhanced education regarding CISDs would help POs better understand the types of trauma they are exposed to, “it would be nice if someone from the critical incident team maybe came to our offices and explained that it isn’t just witnessing events first hand [that cause trauma]...that it’s all vicarious.”

Through education and training as an intervention, the respondents suggested POs could be given the opportunity to fully understand the impact of workplace trauma and psychosocial hazards, be able to better identify the signs and symptoms of non-normative responses to trauma, augment capacity to deal with stressors through learned mastery, and achieve an enhanced comprehension of the resources available to them. Ideally, through enhanced education and training around trauma, POs would be better equipped to effectively cope with contextual realities of probation work.

**4.9.2 Intervention two: Wellness.** Intertwined with the intervention of enhanced education and training was the suggestion that increased focus on wellness within the workplace would augment the capacity of POs to cope with CIs and psychosocial hazards. The respondents submitted this intervention would focus on POs not only learning how to cope with trauma but also to expand their repertoire of existing coping strategies. The concept of wellness or self-care has been recognized within the current research as a means for workers exposed to psychosocial hazards to combat the negative psychological impairments associated with such exposures and as such to have the respondents call for an increased emphasis on general wellness was not surprising. Within the literature self-care strategies take many forms including use of humour (Halpern, et al., 2009; Severson & Pettus-Davis, 2011; White et al., 2005); exercise (Catanese, 2010; Gonzales et al., 2005; Iliffe & Steed, 2000; Maslach, 1976; White et al., 2005); taking time away from work (Iliffe

& Steed, 2000; Maslach, 1976), spending time with support systems not related to work (Green et al., 1990; Iliffe & Steed, 2000; Perez et al., 2010; Whitehead & Lindquist, 1985); engaging in positive group related activities at work ( Bell et al., 2003); increased spirituality or religion (Gonzales et al., 2005; White et al., 2005); the avoidance of negative peers (Catanese, 2010); and seeking activities that provide renewal and hope (McCann & Pearlman, 1990; White et al., 2005). Within the survey the respondents identified using humour and exercise, beyond their use of debriefing with peers, as their main self-care strategies.

Within the current research project the respondents acknowledged there has been an increased emphasis of late in respect to wellness however they identified the existence of barriers that reduced their engagement in wellness or self-care activities. Additionally, the respondents described their reticence when considering taking time for wellness. Participant Three suggested there was a stigma associated with seeking time for wellness, due in part to the perceived characteristics associated with being a PO:

I think there's a stigma sometimes, where you're supposed to be the helper, you're supposed to be the one that fixes everybody and if you're having to access resources for yourself that's a bad sign or somehow makes you incompetent as a helper because you've got so much of your own stuff going on how could you help somebody else with theirs, that was a bit of a barrier and I can remember some of my coworkers saying you're gonna burn out so there was that stubborn piece of me, I'm good, I'm fine and I think that was also a barrier, not being able to just say, maybe I am gonna burn out and maybe I should just slow down and accept this is happening, and it doesn't make me weak or incompetent, it's just a reality.

Within this example Participant Three recognizes the need to “slow down” and take the time to help ensure their own wellness but identified the perceived stigma associated with engagement in workplace wellness as a significant barrier. Brazil (2017) and Royle et al. (2009) discussed the stigma associated with help-seeking and wellness within first respondent populations and Royle et al. (2009) suggested increased educational about mental health and normalizing posttraumatic reactions as part of a multi-tiered approach to reduce stigma. Thus, when considering wellness as an intervention it is related to the intervention of increased education and training of POs in respect to the benefits associated with wellness and reducing any stigma associated with discussing employee mental health within the workplace. Newell and MacNeil (2010) argued training curricula should include a skills based section to educate workers on individual self-care techniques due to the acknowledged benefits of self-care as a protective factor in relation to employee well-being. Consequently, educational and training curriculum centred on the benefits of wellness could help to normalize the need for POs to take time away from work to help counter phenomena such as burnout.

Participant Two noted their prioritization of wellness as a means to cope with their experiences while recognizing the same reticence to fully engage in wellness due the organizational culture surrounding probation work, specifically the role of POs as helpers:

If I have a bad day or things suck at work I take the afternoon off, I’m going to take vacation and I’m going to do something for myself, the work is going to be there regardless, so I need to do what I need to do to survive, and forcing myself and this the thing with POs, probation officers are helpers and they help to the point of their detriment, they will burn themselves out for others and I think we culturally in

probation need to learn that we need to put ourselves first sometimes because most POs don't and I think that can contribute to a lot of burnout and not being able to heal through some of those experiences because we are not very good at taking time for ourselves.

Participant Four located the need for taking time for wellness within the workplace but acknowledged the difficulty in reconciling this need for wellness with their own role as a PO and helper:

As probation officers we fix things, we help people, we take care of things, we do what is needed to make things work...but we don't often say I can't do that, that's not in our vocabulary, we are people that take care of people that are in front of us that need counseling, who are broken, and we try and find all the pieces that they need to put themselves back together, we don't tend to admit our own weakness because it doesn't fit in.

Consequently, when considering wellness as an intervention, the respondents submitted to counteract the existing barriers to wellness, wellness activities and initiatives should be an ongoing element of organizational responses to psychosocial hazards. Participant Seven characterized the role of POs "as helpers, we are nurturers and so we need some of that ourselves" and noted wellness should not be a choice and suggested their manager should, "force me to go on a walk for more than 15 minutes, maybe for an hour." Embodied within this reflection is desire to have wellness made a priority by management, recognizing the inability at times of POs to prioritize their own wellness. Participant Five suggested increasing the number of days away from the office would allow for the time POs need to actively engage in wellness, "the employer needs to increase the number of paid sick

days...that piece would allow us to be away from work, away from the workplace, away from the population, away from the stressors and take the mental health leave we need.” Participant Two argued for the removal of any perceived stigma associated with taking time for wellness as a means to encourage POs to engage in initiatives to help them cope, “it always felt like we were questioned and judged...why we needed or wanted it so when wellness days came out that was always difficult to try and get management on board...sometimes you just want a break from your work.” White et al. (2005) recognized the need for POs to take “extended breaks” from their work environment as a mechanism to augment wellness while Iliffe and Steed (2000) discussed the belief held by therapists that their normal vacation allowance did not provide enough time away from the work environment to sufficiently reboot. Thus, the finding of respondents experiencing difficulties due to not having enough mental health or wellness leave from work has also been reflected within the current literature. This finding is important in identifying the continuing need for increased prevention of psychological impairment experienced by POs due to exposure to psychosocial hazards via the relatively easy fix of increased time off.

Generally, participation in wellness and self-care exercises were recognized by the respondents as a potential intervention to combat the psychosocial hazards associated with probation work. However, numerous barriers were identified by the respondents, which influenced their level of engagement with wellness. Countering these barriers and encouraging engagement in wellness has the potential to help POs adaptively cope within the workplace.



#### **4.10 Evaluating Grounded Theory Revisited**

As previously discussed within the methodology chapter, Gasson (2004) identified four evaluative criteria for GT namely (1) confirmability; (2) dependability; (3) internal consistency; and (4) transferability, while simultaneously recognizing the need to evaluate GT with these domain specific criteria. When considering confirmability in relation to the emergent GT, a key aspect of this evaluative lens was the continual self-reflection I engaged in as the researcher. This began during the interview process whereby I memoed my thoughts, reflections, and early connections with the data concurrent to the respondents recalling their lived experiences. Memoing allowed me to capture my unadulterated, in-the-moment reflections to supplement and enrich the data collected through the interview process. Upon completion of the interview I read through my theoretical memos and added any final reflections or considerations, identified possible burgeoning concepts and connections, as well as located any responses that presented as unique to that specific respondent or their lived reality. While listening to the transcripts and engaging in the transcription process and throughout the coding journey, I continued to utilize theoretical memoing to enhance my level of self-reflection and help ensure rigour in relation to analysing the data. I questioned my perceptions of probation work as an insider with knowledge of the field and continually reflected upon how my own formative experiences as a PO influenced my interpretation of the data. Additionally, through theoretical sampling, my semi-structured questions became more focused and new questions were added mid-way through data collection to ensure emergent concepts were fully investigated. To help validate initial identification of concepts and subsequent categories I met with my dissertation supervisor, who with his lens of expertise as a clinical psychologist, with a background in

occupational health and safety research, and practice with high-risk offender populations, reviewed the provisional coding for fit and confirmability. Finally through the application of comparative method, concepts were continually evaluated for fit and meaning in relation to the emergent GT.

As per Gasson (2004) dependability of the emergent GT speaks to identifying and articulating the steps the researcher has employed to collect and analyze the data. Through this process the researcher creates a record of how theoretical constructs evolved into the final GT and a clear roadmap of the analytic journey. Dependability began with my clear articulation of my research project via the methodology discussion followed by presenting the research for consideration via the research ethics process of approval. This was the first time the research project, after the comprehensive examination process, was evaluated by academics and community members outside of my committee. Through this process ethical considerations associated with my research were evaluated, adding a layer of feedback and review which helped ensure the steps I was following were appropriate, transparent, and reflective of robust methodological underpinnings. Dependability was further achieved through the systematic documentation of all correspondence with the respondents, via the transcription process. Transcription ensured the respondents' thoughts and reflections became an indelible part of the data. Additionally, through the application of theoretical memoing my own thoughts and reflections as the researcher were recorded and interpreted. As I coded the data the respondents' reflections were transferred from the transcripts into groupings of provisional themes and concepts, and into final categories. By incorporating numerous draft versions of the emergent theory into a final GT dependability was enhanced. This was achieved through interviewing seven of the eight respondents a second time for

member-checking of the GT, with each interview lasting approximately an hour where the respondents were taken through the GT for their feedback, reflections and comments. Concurrent to conducting the interviews, I also engaged in theoretical memoing throughout, capturing my own thoughts and perceptions of the respondents' feedback.

Internal consistency reflects the evaluative process engaged in by the researcher to ensure the emergent GT has fit and the ability to explain the data. By returning to the respondents and seeking their impressions through member checking, and subsequently incorporating their reflections into the final version of the emergent GT, I ensured the emergent theory was tested for fit and consistency. The GT had to make sense to the respondents and be reflective of their lived experiences. I reviewed the initial version of the GT individually with the respondents to help determine the level of internal consistency and fit. All but one of the respondents participated within the member checking and they reviewed not only a draft version of the GT but also a comprehensive explanation of the theory. Participant One stated, "this validates my experience and it makes a lot of sense." They continued, "you summarized exactly what happened" and that the emergent GT reaffirmed "POs are stressed out, burnt out and psychologically impacted" by their probation work. Participant One noted the GT shed light on the complex realities associated with probation work where traditionally there has been "no concrete evidence supporting POs inability to cope." Participant Four described the GT as "reading my conversation summarized" and noted surprise at "how similar the experiences" of the respondents were. Participant Four also remarked it was "stimulating it was to read the draft" version of the GT due to its ability to place them back into their CI moment, which they did not anticipate "the level of anxiety" they would experience when reading it. Participant Eight found the GT

“was very good”, indicating, “it really captured a lot.” The respondent described POs as “the forgotten entity” and that their participation within the research process “brought faith that someone is looking at us [POs].” Participant Eight surmised the GT was “clear and exactly how it has happened and continues to happen” for POs within their occupational environment. Participant Two suggested the call for enhanced education and training reflected within the GT could potentially influence curriculum to ensure POs are aware of the “psychological signs” associated with psychosocial hazard exposures and reflected the research was “raising awareness and credibility to the crisis and will push the employer to a place where they address it.” Participant Five described the GT as “a very, very accurate” depiction of their experience and found it informative as “half the time we don’t realize how common these experiences are as POs because we don’t talk to each other.” Participant Three noted the GT captured their experiences with organizational conflict, transformation, and the long-term psychological impacts associated with probation work. Participant Six stated the GT reflected a concise “summary from the onset of the CI to the outcome” and authenticated their experience Participant Six reflected the same disbelief over the commonality of shared experiences reflected within the GT and noted, “it is amazing to me to read that although I felt very isolated during my CIs, others had similar experiences.” The respondents confirmed their feelings of collective isolation through the member-checking which highlighted the general feelings of isolation experienced by the respondents reflected within the GT. Overwhelming, the respondents authenticated the emergent theory for both fit and its ability to explain the data.

The final evaluative measure as proposed by Gasson (2004) is the transferability of the emergent theory to other contexts and how apt the emergent theory is in informing

subsequent theories. As previously discussed, to my knowledge POs' experiences of CIs, in combination with exposure to other psychosocial hazards, and their subsequent adaptations over time, have not been studied via a GT methodology. Thus, my research project is foundational in attempting to theoretically explain the contextual nature of CIs as experienced by POs and does have a degree of transferability to similar social service fields. Throughout the discussion of the research findings, I was able to link the reflections of the respondents and ultimately the findings to existing research and literature while clearly identifying unique aspects of the PO experience. Numerous connections were made between the experiences of the respondents and those experiences of first responders, therapists, and other front-line service providers, which speaks to the general transferability of the research findings. Although my research focused on the lived experiences of POs it was apparent the data reflected themes and concepts more broadly associated with outcomes for workers engaged in front-line service provision and the occupational environment in which they deliver their service.

Accordingly, the final emergent GT was evaluated for its confirmability, dependability, internal consistency and its subsequent transferability. Through the rigorous use of memoing, theoretical sampling, constant comparison via the coding process, self-reflection, linking respondent data back to existing research, and ongoing member-checking, the final GT is a robust outcome of the research project that provides a theoretical understanding of the lived experiences of probation officers.

#### **4.11 Limitations**

It is important to identify any limitations associated with this study to help inform future research in the area. Although recruitment was open to all genders, the study

respondents overwhelmingly self-identified as female (seven). Though gender was not considered as a specific influence in relation to the emergent theory, it may be beneficial for researchers to consider, if any, unique characteristics associated with a gendered experience of CIs and exposure to psychosocial hazards. Additionally, all of the respondents interviewed were employed for more than five years as a PO, the majority of them (five) having been employed for over 15 years. It would be interesting to investigate how POs new to the field of probation, with under five years of service, adapt to CI and psychosocial exposures and if they would have experienced the same degree or type of transformation as the respondents who were interviewed did. Transformation was a significant contributing factor to the respondents' inability to effectively manage posttraumatic reactions and transformation was described as a phenomena occurring over time. Consequently, studying POs with less time in the field may yield unique and varied experiences that could be useful to inform occupational health and safety policies and procedures.

Arguably theoretical saturation was achieved in the core categories of the emergent theory upon completion of eight initial interviews concurrent to data analysis, augmented by theoretical memoing and the incorporation of knowledge gathered through the demographic questionnaire, followed by seven follow-up interviews to confirm the fit and authenticity of the grounded theory. However, it would be recommended for future consideration to research larger populations of POs, potentially with mixed method approaches, aimed at capturing both naturalistic findings and quantifiable results, to increase the breadth of research in this area and also, how this topic is understood. This research project, as discussed within the proceeding section, resulted in an emergent GT that was authenticated by the respondents for its ability to provide a theoretical understanding of their lived experiences. The GT was also

evaluated for its confirmability, dependability, internal consistency and subsequent transferability. Having more respondents could have provided an opportunity for more diverse voices and perspectives to be considered (e.g., years of service, gender, or probation officers with pre-existing mental health disorders). Throughout the interview process it was apparent that revisiting CI experiences emotionally impacted the respondents. Potentially other POs chose to avoid engaging in such triggering discussions, which deterred them from participating within the research project. The respondents were resoundingly hopeful about the possibility of translating the findings of the research project into an enhanced understanding and appreciation for the occupational realities faced by probation officers. Additionally, the respondents expressed gratitude for having had the opportunity to share their stories and be heard, even in light of the emotional toll associated with recounting their traumatizing experiences. Looking forward, future studies in this area could lead to enhanced understandings of the complexities associated with front-line offender supervision and provide an opportunity for the voice of POs to be heard.

## **CHAPTER FIVE**

### **5. Conclusion and Recommendations**

#### **5.1 Purpose Revisited**

The purpose of this study was to investigate, through the application of a grounded theory (GT) methodology, the described experiences of probation officers (PO) who had been exposed to an occupational critical incident (CI). Historically, there has been little or no empirical research focused on better understanding how POs cope with occupational CIs and how their ability to effectively manage posttraumatic reactions can be influenced by their exposure to psychosocial hazards. Additionally, I investigated how POs perceived efficacy of organizational responses post-CI as well as the adaptations POs have utilized to help them manage within their workplace, the community, and at home. An emergent GT was conceptualized which provided a theoretical understanding of the numerous complexities associated with the phenomena under study.

#### **5.2 Significance Revisited**

By developing an explanatory theory of CIs within the probation context, the respondents identified multiple interventions in relation to the educational and training curriculum of POs, as well as employee wellness initiatives. The research findings suggest the need for the creation of educational and training protocols to aid POs in recognizing the impact of occupational psychosocial hazards in their daily lives and to identify the benefits of help-seeking, while concurrently augmenting the efficacy and availability of existing organizational resources. Additionally, when considering the emergent theory, the finding of advocating for increased training of managers, and the organization more generally, in respect to posttraumatic responses and the signs and symptoms of the



psychological impairments associated with poor coping post-CI, is significant. The knowledge generated through this research can serve to inform occupational health and safety (OHS) policies governing probation workplaces, as well as influence resource allocation within the organization to ensure responses adequately address the needs of employees. Finally, through capturing the voices of the respondents and having these lived experiences inform the emergent theory, the gap in knowledge surrounding POs' experiences of occupational psychosocial hazards, CIs, and subsequent adaptations, can be reduced. This contextualized understanding of the CI process as experienced by POs can augment existing knowledge centred on probation work and hopefully precipitate increased future research in this traditionally understudied area.

### **5.3 Conclusion One**

The probation officers who participated within this study experienced occupational CIs in three distinct phases, which allows for targeted interventions at each phase to help ensure POs receive appropriate posttraumatic support. Additionally, by monitoring POs throughout their CI experience, managers are in a position to evaluate and assess for signs of maladaptive coping displayed by POs under their supervision. By monitoring POs' posttraumatic coping, early intervention can be achieved. However, to effectively assess the well-being of POs, the organization must invest in training of their managers, focused on understanding the signs and symptoms of poor posttraumatic coping, as well as, having an enhanced understanding of what can constitute a CI, how POs experience CIs, and what interventions are most appropriate. Accordingly, the following recommendation is made.

## **5.4 Recommendation One**

The organization should invest in enhanced training for managers centred on understanding trauma and the signs and symptoms associated with trauma exposure within the probation workplace. Managers, through their current curriculum, should be trained to recognize what workplace elements can create CIs, so that when managers are reviewing materials describing either offender-based events, or incidents involving their employees, they will understand what events can be particularly overwhelming for probation officers.

Accordingly, managers can begin targeted intervention in relation to offering organizational resources at the moment they are most needed. If CIs go unnoticed and unsupported by managers, there is the potential for an employee's coping ability to be compromised.

Managers should be specifically trained to watch for PO adaptations of avoidance, disengagement, and hypervigilance as possible hallmarks of poor posttraumatic coping.

Another element of this recommendation is for managers to recognize how post-CI organizational demands, such as requiring staff to file paperwork immediately after having experienced a CI without having the appropriate time to process the event, can in fact encourage staff to ignore their posttraumatic reactions to necessitate meeting administrative demands. Managers can play a key role in post-CI recovery and should encourage the employee(s) impacted by the CI to take the time needed immediately after the event to allow for appropriate processing. Managers can ensure administrative demands are met in other ways not contingent on the impacted employee(s)'s participation. Appropriate recovery time for POs immediately following the CI is imperative and needs to be supported by managers and at the organizational level. Additionally, part of the post-CI process for POs may be reporting the CI to the appropriate authorities. This presents managers with an opportunity to

support and validate POs' experiences of CI by accompanying staff, as part of post-CI protocols, when they make contact with other justice stakeholders about their CI. This helps ensure POs not only feel supported post-CI, but conveys the message that CIs are taken seriously by the organization and provides continued opportunities for managers to evaluate staff for maladaptive coping. Finally, managers informed about trauma reactions can monitor for any cumulative effects associated with PO exposure to psychosocial hazards of organizational conflict, workload demands, and trauma exposure. Managers can consequently support staff who are not coping through potential employment opportunities, such as offering staff a temporary change in position or role to provide the staff in question time away from front-line service, to actively assist with medical reassignments, or to provide individual support and guidance to staff to help them effectively manage such hazards as workload or conflicts within the workplace.

## **5.5 Conclusion Two**

The probation officers who participated in this study expressed a lack of knowledge about the psychosocial hazards they were going to be exposed to through probation work, the transformative experience, including schematic changes, associated with probation work, and a corresponding lack of understanding of normative and non-normative, posttraumatic reactions. Additionally, during the second round of interviews, the respondents described the phenomenon of experiencing a collective isolation, meaning they felt as if they were not aware that their posttraumatic reactions were normal and anticipated outcomes to trauma exposure, and that other POs had also experienced similar posttraumatic reactions. It was apparent within the sample of respondents that stigmas associated with help-seeking such as the perceived efficacy of organizational supports, poor relationships with management,

ongoing administrative demands and priorities, and a lack of knowledge about the signs and symptoms associated with maladaptive or poor coping, all presented as barriers to the respondents seeking help. Accordingly, the following recommendation is made.

## **5.6 Recommendation Two**

That from the point of hire, throughout their work career, POs have access to training and educational curriculums that reflect the most up-to-date empirical knowledge about the psychological impairments associated with exposure to psychosocial hazards and CIs. This augmentation of training and educational curriculum must include enhanced education about normative and non-normative posttraumatic reactions, the benefit of early and on-going help-seeking for POs, and information about existing organizational resources available to POs to help them manage their posttraumatic reactions. Probation officers need to understand the contextual realities of probation work, what they are going to be exposed to during their career as a PO, and the existing supports in place that they can access. Additionally, through dissemination via staff meetings, regional meetings, professional upgrading events and organizational conferences, the topic of posttraumatic reactions and symptomology should be at the forefront of, and inform any, discussion centred on occupational health and wellness. Such training needs to move beyond group exercises aimed at self-care towards a concrete, theoretically based, and empirically tested model of intervention for staff to provide them with real world skills to combat the negative aspects associated with probation work.

## **5.7 Conclusion Three**

The respondents interviewed had either accessed existing organizational resources, such as the organizational Employee Assistance Plan (EAP), and found the service to be lacking in its ability to provide directed, posttraumatic interventions, or the respondents

failed to engage in existing resources, such as a Critical Incident Stress Debrief (CISD) due to a lack of knowledge about the formalized debriefing process coupled with expressed concerns about group composition and/or confidentiality of the process. Additionally, the respondents also reported on the lack of on-going, mandatory counseling provided through the workplace as is common with other helping professions. Consequently, organizational responses to CIs, and more general support intended to help employees cope, were not being utilized fully by the respondents. Furthermore, numerous respondents recalled having established individual therapy through a private provider as a means to help them effectively manage post-CI but identified issues such as the monetary burden associated with private therapy as a barrier to ongoing engagement with this resource. As such the following recommendations are suggested to help ameliorate these concerns.

### **5.8 Recommendation Three**

This recommendation is centred on improving the efficacy of existing organizational responses to CIs and providing enhanced supports to probation officers. The respondents identified systemic issues associated with the provision of the organizational employee assistance program as well as the hindrances related to the CISD program. To encourage help-seeking, POs need to have a belief that the resources available to them will be able to address their concerns. When discussing their EAP, the respondents expressed significant concerns in relation to the quality of therapeutic intervention provided via EAP, specifically in relation to trauma exposures, and the belief that often they were better trained in motivational interviewing techniques than the EAP providers. Accordingly, it is recommended that the organization reconstitute their EAP to include trauma-informed providers trained in trauma informed practices, useful in dealing with employee populations

who experience exposures to CIs and psychosocial hazards. Considering two of the identified adaptations employed by the respondents, hypervigilance (hyperarousal) and avoidance, are considered diagnostic criteria for posttraumatic stress disorder (PTSD), it is strongly suggested that EAP providers are adept at working with populations who may be at risk of developing PTSD symptomology.

POs often were not fully aware of what a CISD was and expressed more general concerns over issues such as confidentiality and group composition when considering participating within a CISD. Currently, only management can deploy a CISD and as previously discussed, themes such as organizational conflict and a lack of manager training in relation to posttraumatic reactions, may hinder the ability of management to know when an employee is not coping. It would be beneficial to have multiple pathways whereby a PO could seek help via a CISD. As such, it is recommended that a CISD could be deployed through either management or a Joint Occupational Health and Safety representative (JOHS). Through increasing the avenues to CISD deployment, staff who may not have a relationship with their manager that lends itself to disclosure of mental health issues could alternatively approach their JOHS representative, or their health and safety representative in smaller offices and then their representative could deploy a CISD if required. This alternative pathway to CISD deployment still requires the staff member to have a trusting relationship with their JOHS representative but at least it might increase the potential for deployment of an existing resource that is currently being underutilized. Additionally, this would require formalized training of JOHS representatives and/or health and safety representatives centred on the CISD process.

As well, in the tradition of other helping professions, and in-line with the observations of the respondents, it is suggested that POs have access to ongoing, therapeutic intervention. Such access to counseling would allow POs to speak with counselors trained in trauma-informed techniques on an ongoing basis to help normalize their experiences, promote help-seeking, and provide targeted interventions depending on where that particular PO may be in relation to their management of posttraumatic responses. This counseling would differ from POs self-selecting to contact their Employee Assistance Program (EAP) and completing a set number of counseling sessions. This action requires POs to understand they are experiencing something that is not normative and that therapeutic intervention would help. Implementing ongoing counseling would be part of normal operations and delivered in such a fashion that would allow POs to foster a therapeutic relationships with a counselor, which is normalized and modeled by all staff participating individually in the same type of counseling, while not leaving it up to the individual PO to determine their threshold for coping. Based on the findings of this research study we know that the respondents often did not seek help until they were significantly struggling with psychological impairments associated with their occupational exposures. Often the respondents sought help from their family physician, versus a counselor, assuming their experiences were related to a physical health issue not linked to their work experiences. Having counselors directly available to staff with the requirement to “check-in” with them at a set frequency would remove the onus from help-seeking from the employee, who may not be in the position to recognize if they needed help. This would be an important enhancement to the occupational health and safety of POs because the impacts associated with exposures to psychosocial hazards can be

challenging to process by oneself and access to ongoing counseling would provide structured support for staff.

More generally, such counseling would provide therapists with the opportunity to assess how individual POs are coping with transformation, exposure to psychosocial hazards and what adaptations they are enlisting to cope. This process could proactively identify any staff who were not effectively managing within the workplace, which would allow for enhanced, targeted, supportive interventions. Identified barriers associated with help-seeking could be reduced or ideally eliminated through the normalization and ongoing discussion of workplace traumatic exposures.

Finally, it is recommended that the organization increase the yearly allowance allotted through the Collective Agreement for private, therapeutic interventions to allow those staff seeking services that are not organizationally derived to have increased funds at their disposal to pay for such services. Increasing the yearly allowance would allow POs greater freedom of choice in relation to their chosen therapeutic provider and ensure ultimately that there are multiple avenues for employees to seek assistance while helping dismantle existing barriers to help-seeking. The respondents also sought to have additional resources, beyond increasing the yearly allowance for therapeutic counseling, allocated towards increased mental health wellness days. Specifically, it is recommended the allowance for employee paid sick days be augmented, thereby affording POs more time away from the workplace when either physically or mentally unwell. Paid sick leave must be administered in such a fashion to ensure the use of such days is not punitive but rather encouraged, and that the benefits of being away from the office to foster recovery is recognized at the organizational level as an adaptive approach to employee wellness. Stigmas associated with taking sick time



need to be actively combatted within the workplace and increasing such paid leave could provide POs with an opportunity for recovery and self-reflection.

## **5.9 Conclusion Four**

Probation work is a profession through which POs can be exposed to psychosocial hazards and CIs resulting in long-term, psychological impairment. As previously discussed within the literature review, there exists a dearth of empirical research centred on probation work and the psychosocial hazards associated with this employment. The gap of knowledge around understanding the PO experience and the risks associated with probation work leaves little concrete evidence to support the advocacy of POs in seeking enhanced protection through legislative change. Probation officers continue to be omitted from the Ontario Government's recent occupational health and safety (OHS) legislation, the *Supporting Ontario's First Responders Act*. This Act provides the legislative framework to afford compensation for certain workers who have been exposed to workplace psychosocial hazards resulting specifically in a diagnosis of PTSD. Thus, due to a lack of research centred on better understanding the contextual realities of probation work, conflated with the lack of representation within existing legislation specific to recognizing the inherent risks associated with high-risk work environments, POs have been essentially left out of the current legislative discourse as it relates to occupational health and safety. Thus, recommendation four is centred on augmenting the voice of POs to enable an enhanced understanding of probation work and subsequent inclusion in all relevant OHS legislation.

## **5.10 Recommendation Four**

It is recommended that POs actively seek to augment their voice within the discourse as it pertains to occupational health and safety, either via their professional association, the

Probation Officers Association of Ontario (POAO), or through advocacy spearheaded by their professional representative the Ontario Public Service Employee Union (OPSEU). These two organizations are positioned to provide members with learning opportunities by way of annual symposiums, conferences, professional activity days, and educational newsletters. The aforementioned avenues provide POs with a forum through which advocacy for change, discussions on OHS, and education about trauma, posttraumatic resources, and worker rights can be disseminated and proliferated. The respondents, when discussing their adaptation of engagement, recalled having often found their “voice” post-CI and their resultant increased participation in such forums to advocate for continued worker safety. Through these keystone organizations POs have representation for continued advocacy for their inclusion within the *Supporting Ontario’s First Responders Act*, and any future legislation aimed at protecting workers exposed to occupational hazards. Accordingly, it is recommended that both POAO and OPSEU utilize their established communication networks to help educate POs specifically about the risks associated with probation work, and the signs and symptoms of posttraumatic reactions, while concurrently advocating for continued empirical research in the area of probation. This project would not have been possible without the support of POAO and OPSEU and this support is indicative of these organizations’ orientation to promote occupational wellness. Future research that could provide increased knowledge and understandings of the contextual realities of probation work is needed to help fill in the current gaps and provide relevant and occupationally specific information to POs. The Probation Officers Association of Ontario and OPSEU are well situated to continue to endorse such research endeavors.

### **5.11 Self Reflection Revisited**

The motivation for my journey to go back to graduate school almost 20 years after I had completed my master's degree was twofold: (1) to better understand the ways in which my employment for 17 years as a probation officer had impacted me as a person; and (2) to hopefully conceptualize and carry out a research project that would provide a theoretical understanding of this transformative process.

Throughout the time spent interviewing and re-interviewing the respondents and during data analysis I began to see a collective isolation in the experiences of POs, the similarities and commonalities associated with the respondents' posttraumatic reactions as well as their isolation in attempting to manage and adapt post-CI. Most compelling for me was that all of the respondents at one point mentioned how much they enjoyed working with offenders and trying to effect positive change but how all of the "other" realities of probation work slowly eroded their capacity to cope and ultimately influenced their efficacy in supervising offenders.

What was difficult for me as the researcher was to go back to my own work environment each day feeling both empowered by the resiliency of the respondents I spoke with at night and weekends, while at the same time feeling more disenfranchised with my own role as a probation officer. This was an unanticipated outcome associated with my own increasing theoretical sensitivity. My awareness of the occupational hazards associated with probation work was augmented due to my research inquiry and each day I began to actively tune into how my co-workers were managing within the office setting with an intensity I never had before. By hearing the respondents' stories, my own sense of frustration grew while concurrently my desire to help affect positive change fortified. The respondents' experiences

became very personal, as from the position of researcher, it was obvious they had journeyed through altering life events during their career with minimal organizational supports and that this needed to change.

My research experience also provided an understanding of how my work as a PO had influenced me. This newly acquired insight resulted in me attempting to become more mindful of the transformative nature of probation work, to recognize when I was slipping into old ways of adapting, and to actively seek positive interactions and augmented daily wellness to combat any negative aspects of this transformative process. Finally, this research journey buttressed my desire to augment the occupational health and safety of probation officers. Hopefully through the dissemination of the research findings I can be a voice to help counter the isolation described by the respondents and to motivate organizational change. I endeavor to take the opportunity provided to me by the respondents through hearing their voices to raise awareness about the great work POs do on a daily basis and to continue to advocate for their safety and well-being while on the front-lines. As aptly said by Participant Five:

You can't build a house on muskeg, you need to put down a good solid foundation for the employees who are in the front line, you need to focus on that...so start to take a look at the things you do with your own employees and make it a good place to work.

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## Appendices

### Appendix A



Hello!

My name is Erin Olesen-Schinke and I am a PhD candidate with Laurentian University. I also have been employed as a probation officer and I am a Past-President of the Probation Officers Association of Ontario, and a certified worker representative on my workplace's Joint Occupational Health and Safety Committee. As part of my doctoral studies I am studying the occupational health outcomes associated with probation officers who have experienced a workplace critical incident (CI). The name of my study is: **Critical Incidents on the Front-Line: Occupational Health Considerations for Probation Officers**

I would like to interview individual probation officers in the Province of Ontario about their experiences with a workplace critical incident. An occupational critical incident is defined as an event that is sufficiently disturbing to overwhelm or threaten to overwhelm an individual's usual methods of coping. The voice of probation officers in relation to workplace critical incidents is under researched. By participating in this study you will be providing valuable information about how probation officers experience CIs. Further, you will be providing information about existing organization responses to CIs and if these responses were effective in helping you cope with a CI. By understanding what is working and what is not working hopefully recommendations can be made in relation to preventing workplace CIs and improving existing organizational responses to CIs.

The interview should take approximately 60-90 minutes to complete. You will also be asked to fill out a simple demographic questionnaire. Participation in the study is completely voluntary and you can choose to participate or not without consequence.

I have received the support of both the Probation Officers Association of Ontario (POAO) and the Ontario Public Service Employee Union (OPSEU) in relation to my research project.

If you would like to participate within this study you can contact me via email at: [colesenschinke@laurentian.ca](mailto:colesenschinke@laurentian.ca) to set up an interview time. I will then email you a consent form that outlines all aspects of the research as well as the list of interview questions that will be asked during your interview, the demographic questionnaire to complete, and a list of mental health and occupational resources and supports. This research has been reviewed and approved by Laurentian University Research Ethics Board (**certificate #6013665**). If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact the Research Ethics Officer c/o Laurentian University Research Office at (705) 675-1151 ext. 2436 or toll free at 1-800-461-4030 or by email at: [ethics@laurentian.ca](mailto:ethics@laurentian.ca)

Thank you very much in advance for your consideration to participate within this research project.

Sincerely,

Erin Olesen-Schinke  
PhD Candidate  
Laurentian University

## Appendix B



**Project Title:** Critical Incidents on the Front-Line: Occupational Health Considerations for Probation Officers

**Principal Investigator:**  
Erin Olesen-Schinke  
PhD Candidate  
Laurentian University  
eolesenschinke@laurentian.ca

**Purpose of the Research:**

Through my proposed research I will focus on investigating outcomes for probation officers who have been exposed to a workplace critical incident (CI). Through interviewing probation officers, and the subsequent development of a grounded theory about their experiences, my research will help identify and try to explain the numerous complexities associated with workplace CIs. Ultimately, the research findings can potentially serve to enhance existing occupational health and safety policies and procedures, with the added potential to create specific interventions best suited to ameliorate the needs of probation officers. I have received the support of both the Probation Officers Association of Ontario (POAO) and the Ontario Public Service Employee Union (OPSEU) in relation to my project.

**What will happen during the study?**

If you would like to participate within this study you will be emailed this consent form to review as well as the list of interview questions that will be asked during your interview, a demographic questionnaire to complete, and a list of mental health and occupational resources and supports.

Should you elect to partake I will contact you and a date will be arranged to set up an interview. Interviews will take approximately 60-90 minutes. The interviews will take place via Skype. I would like to audio-record the interview for transcription purposes but only with your permission. If you do not want to be recorded that is fine and I will simply take notes of the interview. During the interview you can stop at anytime, you can withdrawal at anytime during the interview process, you can skip any question or not answer any question you want. Your participation within my study is completely voluntary. There is no consequence if you do not want to participate or decide not to continue with the study.

Once the interview is completed I will follow-up with you within 72 hours just to check in and ensure you are doing okay after the initial interview. Once data analysis begins I may contact you to clarify or check the meaning of things you talked about during your interview. Also, at the end of the data analysis a grounded theory will emerge with the hope of explaining what happens during a critical incident. I will forward you a copy of this grounded theory for you to review and to provide any feedback about. If you do not want to be contacted after the initial interview that is okay too and I will not contact you.



**Potential Risks Associated with the Research:**

I am asking you to recall a workplace critical incident for my research project. This may cause you to feel uncomfortable or anxious. If that happens you can stop the interview at anytime, you can skip any question you do not want to answer, or you can take a break to re-group. You can also refer to the list of resources provided if you want to talk to someone about how you are feeling.

**Potential Benefits Associated with the Research:**

The voice of probation officers in relation to workplace critical incidents is under researched. By participating within this study you will be providing valuable information about how probation officers experience CIs. Further, you will be providing information about existing organization responses to CIs and if these responses were effective in helping you cope with a CI. By understanding what is working and what is not working hopefully recommendations can be made in relation to preventing workplace CIs and improving existing organizational responses to CIs.

**Confidentiality and Data Storage:**

Your information will be kept confidential and will not be available to anyone besides my thesis supervisor, Dr. Michel Larivière and myself. Your name will only be associated with the consent form. Your name will never appear on any other aspect of the research besides the consent form. All of the information you provide during your interview will be anonymized to ensure what you said remains confidential and it will not be associated with you.

Any audio-recorded interviews and electronic transcripts will be kept on an encrypted, password-protected computer locked in my research office. Any paperwork will be kept within a locked cabinet within this same office. All consent forms will be kept in a separate locked cabinet within this same office. All electronic and hard files associated with this research will be shredded seven years after my thesis is defended.

**Participation**

It is your choice to be a part of the study or not. If you decide to participate, you can also decide to stop at any time, even after agreeing to participate. If you decide to stop during the interview process any data collected up to that point will be destroyed. However, once your interview is anonymized and incorporated into the larger grounded theory, the data cannot be removed from the study.

**Information about the Study Results**

I will ask you during the consent process if you would like a summary of the research findings and recommendations. If you would like a summary I will email you a copy upon completion of the research. I hope to present the findings via POAO's annual symposium and/or via an article in their newsletter. I also hope to publish the findings in peer-reviewed journals. I also plan to provide a summary of the research findings to the Provincial Health and Safety representative via OPSEU for their consideration.



**If you have questions or need more information, please contact:**

**Principal Investigator:**

Erin Olesen-Schinke  
[eolesenschinke@laurentian.ca](mailto:eolesenschinke@laurentian.ca)  
Laurentian University

**Thesis Supervisor:**

Dr. Michel Larivière  
[mlariviere@laurentian.ca](mailto:mlariviere@laurentian.ca)  
Laurentian University  
(705) 673-9986 or toll free: 1-800-461-4030

This research has been reviewed and approved by Laurentian University Research Ethics Board (**certificate # 6013665**). If you have concerns or questions about your rights as a participant or about the way the study is conducted, you may contact:

**Research Ethics Officer:**

Laurentian University Research Office  
(705) 675-1151 ext. 2436  
Toll free at 1-800-461-4030  
[ethics@laurentian.ca](mailto:ethics@laurentian.ca)

**Verbal Consent:**

I will be asking you for verbal consent in relation to your participation in the study. I will now read the following to you:

I \_\_\_\_\_ have been read the information presented in this consent form about the study being conducted by Erin Olesen-Schinke. I have also received an emailed version of this consent form in advance of today to read and consider. I have had the opportunity to ask questions about my involvement in this study, and to receive any additional details I wanted to know about the study. I understand that I may withdraw from the study at any time. I consent to partake within this study and I have given my verbal consent to Erin Olesen-Schinke.

In my opinion, the individual \_\_\_\_\_ is agreeing to participate in this study voluntarily, and understands the nature of the study and the consequences of participation in it.

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location

**I agree for my interview to be audio-recorded**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**I agree for the researcher to send me a summary of the research findings via the following email address:**

\_\_\_\_\_

## Appendix C

### **Semi-Structured Interview Questions:**

- 1) Can you describe your general experiences working as a probation officer?
  - 2) How do you feel in your workplace? Are there any demands in your workplace that you find difficult to manage? (prompts for workload issues, disengagement, burnout)
  - 3) Can you take me through the workplace critical incident you experienced?
  - 4) What did you do immediately following the critical incident?
  - 5) Can you discuss with me any workplace stressors that may have impacted your reaction to the critical incident?
  - 6) What were the organizational responses to your critical incident? How did these responses impact your ability to cope with the critical incident?
  - 7) How has this critical incident impacted you? How did you cope initially after the critical incident and how have you adapted or coped over time?
  - 8) Did your organizational training adequately prepare you to cope with a critical incident? If so please explain. If not please explain.
  - 9) What would you recommend to improve organizational responses to critical incidents?
- Do you have any further reflections on this topic?

## Appendix D

### **Semi Structured Interview Questions: Revised After Initial Coding**

- 1) Tell me about your general experiences working as a probation officer?
- 2) Are there any demands in your workplace that you find difficult to manage? Can you describe any stressors in your workplace that may impact you?
- 3) How do you generally cope with workplace stressors?
- 4) Can you take me through the workplace critical incident you experienced?
- 5) How has this critical incident impacted you? How did you cope initially after the critical incident and how have you adapted over time?
- 6) What were the organizational responses to your critical incident? How did these responses impact your ability to cope with the critical incident?
- 7) Did you seek support (s) after your critical incident? If so from where and was this support (s) effective?
- 8) Were there any barriers in place which may have impacted your decision to seek support and/or your access to support (s)?
- 9) Can you discuss with me any workplace stressors that may have impacted your reaction to the critical incident?
- 10) Did your employment training adequately prepare you to cope with a critical incident? If so please explain, if not please explain.
- 11) What would you recommend to improve organizational responses to critical incidents?
- 12) Do you have any further reflections?

## Appendix E

### Demographic Questionnaire:

1) What is your age?

\_\_\_\_\_

2) How do you identify your gender?

\_\_\_\_\_

3) What is your highest level of education achieved to date?

\_\_\_\_\_

4) How long have you been employed as a probation officer?

\_\_\_\_\_ Under five years

\_\_\_\_\_ Five to fifteen years

\_\_\_\_\_ Over fifteen years

5) Do you currently work in a:

\_\_\_\_\_ Large urban setting

\_\_\_\_\_ Small city

\_\_\_\_\_ Rural community

\_\_\_\_\_ Remote location (drive-in or fly-in community)

6) Were you ever previously employed in any of the following occupations?

\_\_\_\_\_ First Responder

\_\_\_\_\_ Police

\_\_\_\_\_ Correctional and/or Classification Officer (youth or adult services)

\_\_\_\_\_ Child Welfare

\_\_\_\_\_Military

7) An occupational critical incident is defined as an event that is sufficiently disturbing enough to overwhelm or threaten to overwhelm an individual's usual methods of coping. Considering the following definition of a critical incident, how many critical incidents would you estimate you have been exposed to within your probation workplace during your term of employment?

\_\_\_\_\_ One

\_\_\_\_\_Two to five

\_\_\_\_\_ Greater than five

8) When recalling any workplace critical incident(s) you have experienced, did the event(s) involve any of the following (please check all that apply)

\_\_\_\_\_ physical altercation with an offender

\_\_\_\_\_ verbal threat made by an offender

\_\_\_\_\_ witness to an altercation between an offender and another staff member

\_\_\_\_\_ suicide of an offender under your supervision

\_\_\_\_\_ unnatural death of an offender (i.e homicide, over dose) under your supervision

\_\_\_\_\_ violent re-offense committed by an offender under your supervision

\_\_\_\_\_ sexual re-offense committed by an offender under your supervision

\_\_\_\_\_ interview with a child victim

\_\_\_\_\_ interview with an adult victim

\_\_\_\_\_ secondary materials such as police occurrence reports/victim impact statements

\_\_\_\_\_ supervision of an offender who victimized a child

\_\_\_\_\_ workplace investigation

If not listed please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9) When recalling any workplace critical incident(s) you have experienced, where did the event(s) occur (please check all that apply)

\_\_\_\_\_ in your office

\_\_\_\_\_ in the waiting room

\_\_\_\_\_ in another location at your work (i.e in the hallway, lunch room, board room)

\_\_\_\_\_ at a reporting centre

\_\_\_\_\_ in a work vehicle

\_\_\_\_\_ at court

\_\_\_\_\_ at a police station

\_\_\_\_\_ at a community agency

\_\_\_\_\_ during a home visit

\_\_\_\_\_ at an institution

\_\_\_\_\_ in the community

If not listed please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10) Have you ever utilized your Employee Assistance Program in respect to your experience with a critical incident?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

11) Have you ever participated within a Critical Incident Stress Debrief session activated by your employer?

\_\_\_\_\_ Yes

\_\_\_\_\_No

12) Have you ever utilized a short-term sickness plan “sick day” due to your experience with a critical incident?

\_\_\_\_\_ Yes

\_\_\_\_\_No

13) Have you ever utilized your long-term sick plan due to your experience with a critical incident?

\_\_\_\_\_ Yes

\_\_\_\_\_No

14) When considering how you have coped with workplace critical incident(s) what are some of the coping mechanisms you have employed (please check all that apply)

\_\_\_\_\_ accessed formal counseling services (i.e EAP)

\_\_\_\_\_ accessed religious/spiritual counseling

\_\_\_\_\_ accessed support from doctor

\_\_\_\_\_ informal debrief with colleague

\_\_\_\_\_ informal debrief with manager

\_\_\_\_\_ informal debrief with family member

\_\_\_\_\_ informal debrief with friend

\_\_\_\_\_ use of humor in the workplace

\_\_\_\_\_ exercise

\_\_\_\_\_ increased participation in activities not associated with the workplace

\_\_\_\_\_ avoidance of workplace related events (i.e not attending optional training)

\_\_\_\_\_ decreased time spent with offenders during office appointments

\_\_\_\_\_ increased use of substances

\_\_\_\_\_ changed position at work



\_\_\_\_\_ went back to school and/or for re-training with the intent of leaving the field

If not listed please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15) Have you ever asked not to supervise certain offenders due to your experience with a critical incident?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

16) Where you aware that you might be exposed to critical incidents when you first considered probation work?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

17) Have you considered leaving the field of probation services due to your experience with a critical incident(s)?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

## Appendix F:

### Resource List

#### Immediate Help:

Canadian Association for Suicide Prevention Crisis Line: 24/7, confidential, free.

***1-833-456-4566 or Texting: 45645***

Government of Ontario Mental Health Line: Live answer 24/7, confidential, free.

**1-866-531-2600**

Drug and Alcohol Help Line: Live answer 24/7, confidential, free.

**1-800-565-8603**

Centre for Addictions and Mental Health: main switchboard 24/7.

**1-800-463-2338**

Tel-Aide: Un service de confiance, 24/7

**1-800-567-9699**

Anishnawbe Mental Health Crisis Management Service: 24/7:

**1-416-891-8606**

Trans Life Line: from 1100am-500am

**1-877-330-6366**

#### General Resources:

Employee Assistance Program:

**1-887-890-9052**

Ontario Public Service Employees Union:

**1-800-268-7376**

**<https://opseu.org/sector/ontario-public-service-corrections>**

Ontario Ministry of Labour:

**1-877-202-0008**

**<https://www.labour.gov.on.ca/english/hs/>**

First Responders First:

**<http://www.firstrespondersfirst.ca>**

Workers Health and Safety Centre:

**1-888-869-7950**

**<https://www.whsc.on.ca>**

Occupational Health Clinics for Ontario Workers

**1-877-817-033**

**<http://www.ohcow.on.ca>**



## APPROVAL FOR CONDUCTING RESEARCH INVOLVING HUMAN SUBJECTS

Research Ethics Board – Laurentian University

This letter confirms that the research project identified below has successfully passed the ethics review by the Laurentian University Research Ethics Board (REB). Your ethics approval date, other milestone dates, and any special conditions for your project are indicated below.

TYPE OF APPROVAL / New <b>X</b> / Modifications to project / Time extension	
<b>Name of Principal Investigator and school/department</b>	Erin Olesen-Schinke, PI, (Human Kinetics LU); Michel Larivière, Supervisor
<b>Title of Project</b>	Critical Incidents on the Front-Line: Occupational Health Considerations for Probation Officers
<b>REB file number</b>	6013665
<b>Date of original approval of project</b>	February 2, 2018
<b>Date of approval of project modifications or extension (if applicable)</b>	
<b>Final/Interim report due on:</b> (You may request an extension)	February 2, 2019
<b>Conditions placed on project</b>	

During the course of your research, no deviations from, or changes to, the protocol, recruitment or consent forms may be initiated without prior written approval from the REB. If you wish to modify your research project, please refer to the Research Ethics website to complete the appropriate REB form.

All projects must submit a report to REB at least once per year. If involvement with human participants continues for longer than one year (e.g. you have not completed the objectives of the study and have not yet terminated contact with the participants, except for feedback of final results to participants), you must request an extension using the appropriate LU REB form. In all cases, please ensure that your research complies with Tri-Council Policy Statement (TCPS). Also please quote your REB file number on all future correspondence with the REB office.

Congratulations and best wishes in conducting your research.

Susan Boyko, PhD(c), Vice Chair, *Laurentian University Research Ethics Board*

